Page

death.

offer

within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

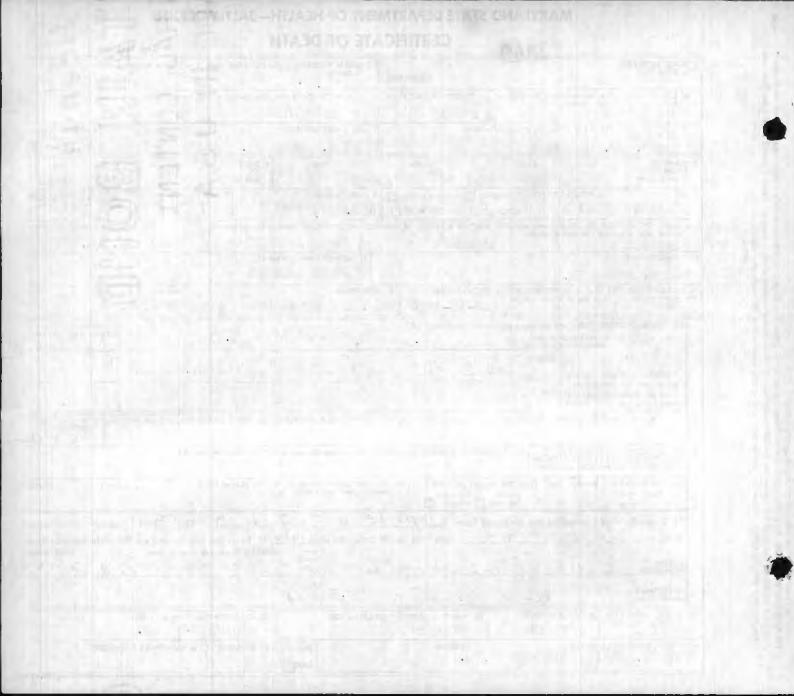
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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE WASHINGTON **b.** COUNTY MARYLAND WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) HAGERSTOWN 2 DAYS FUNKSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE WASH, CO. HOSPITAL 24 E. GREEN YES NO NAME OF First Middle Last DATE Month Day Year (Type or print) AUDREY MAXINE ANGLE DEATH IO 1959 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday] Months Days Hours Min FEMALE WHITTE WIDOWED [DIVORCED | AUG. 17. 1911 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) AIRCRAFT MARYLAND U.S.A. INSPECTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IRA T. ANGLE SR. SALLY BANKARD IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address NO 220-16-3870 MRS. RAY HENNINGER FUNKSTOWN, MD. 16. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE-TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(p) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) House O. m. While Not while of work of wark p. m. 21. I certify that I attended the deceased from Zthat I last saw the deceased and that death accurred at 6145 FM, from the causes and on the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) ROSE HILL HAGERSTOWN MD. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE FRED W. KRAISS HAGERSTOWN MD. Culling & Kings

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	2350	CERTIFICA	TIE OF DEAT			Reg. Dist.	No.
1. PLACE OF DEATH 6. COUNTY	Washington	MARYLAND	2. USUAL RESIDENCE (NO. STATE Md		d. If institution b. COUNTY	Washir	
b. CITY OR TOWN RURAL and give Hager:		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		limits, write R	URAL and give	negrest lown)
OR INSTITUTION	PITAL (If not in hospital, give stree No. Hospital	oddress)	d. STREET ADDRESS	way Ave.,			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Charles		Athey	4. DATE OF DEATH	Mon 2		26 Year 59
5. SEX male	6. COLOR OR RACE 7. MAI	/ED DIVORCED	8. DATE OF BIRTH 11-12-1909	lo	GE (In years st birthday) 49 yrs.	Months Do	EAR IF UNDER 24 HE ys Hours Min.
during most of w retir	TION (Give kind of work done 10b orking life, even if retired) *EC	KIND OF BUSINESS OR INDUS		W. Va.	y)		N OF WHAT COUNT
13. FATHER'S NAME	Thomas M. Athey		14. MOTHER'S MAIDEN	ae Davis			
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. II	nformant s. Anna J. A	they Ha	Addi	wn, Md	•
	EATH (Enter only one couse per I EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (a), (b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if	immediate	summe	: Erops	legno			6 2m
lying cause las	1. (c) C	· Cemenal	met	eting			
CAT	THER SIGNIFICANT CONDITIONS					EN IN PART 1(c	PERFORMED? YES NO E
	WAS UNDERLYING (1) 206. DES	SCRIBE HOW INJURY OCCURRED). (Enter nature of injury i	n Part I ar Part II o	ilem 18.j		1/
Y 20c. TIME OF INJU	While		ACE OF INJURY (Hame, fa- lary, street, affice bldg., e	rm, 20f. (City or helc.)	n)	(Cour	nly) (Stat
21. I certify alive on 2	that I attended the deceo		accurred at 6. X				
ACTUAL SIGNATURE	A Elis De	(th)	M.D	ADDRESS (Street,	city or lawn,	troje)	DATE SIG
PHYSICIAN'S NAME (Type)	Sa FW St	the	1/1/2	unter	~ Ry	/	1/39
22a. BURIAL, CREMAT REMOVAL (Specif burial		Rest Haven	-CREMATORY	22d. LOCATION		r county)	(State) Md.
23. FUNERAL DIRECTO		ADDRESS town, Md.		C'D BY REGISTRAR MAR 2 159	24b. REGIS	TRAR'S SIGNA	

uneral director, ald be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be elecuted within 24 hours after death. Page a the attending physician and campievely filled in by Then please remove carbon papers. Pages 1 and 2 page 3 should be detached for use as the burial-transit permit. Then please remove carban parthe registrar priar to burial, cremation, or removal, and in any event within 72 haurs after death OR: After this certificate has been signed by the haspital or attending physician. TO FUNERAL DI page 3 should be d TO HOSPITAL OR VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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2351 CERTIFICATE OF DEATH

12341

PLACE OF DEATH o. COUNTY Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital. NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE Mala White WIDOWED DIVORCED NOUNTH HOSPITAL NEVER MARRIED DIVORCED DIVORCED NOUNTH HOSPITAL NEVER MARRIED DIVORCED NOUNTH HOSPITAL NOUNTH HOSPITAL NEVER MARRIED DIVORCED NOUNTH HOSPITAL NEVER MARRIED DIVORCED NOUNTH HOSPITAL NEVER MARRIED NOUNTH HOSPITAL NOUNTH HOSPITAL NEVER MARRIED DIVORCED NOUNTH HOSPITAL NEVER MARRIED DIVORCED NOUNTH HOSPITAL NOUNTH HOSPITAL NEVER MARRIED DIVORCED NOUNTH HOSPITAL NOUNTH HOSPITAL NEVER MARRIED DIVORCED NOUNTH HOSPITAL NOUNTH HOSPIT	Near Smithsburg U.S.A.
RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital. NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED Outling most of working life, even if retired) DIVORCED NEVER MARRIED OUTLINE TO THE STATE OF BUSINESS OR INDUSTRIES OF IND	Rural, Smithsburg d. STREET ADDRESS e. 15 RESIDENCY ON A FARMY YES & NO [Lost
OR INSTITUTION Washington County Hospital NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORC	Smithsburg #2 On A FARM: YES NO [14. DATE OF Bachtell Bachtell Bachtell Bachtell Peb. 14. 19. 5 Bachtell Bachtell Bachtell Peb. 14. 19. 5 Bachtell Bachtel
SEX 6. COLOR OR RACE 7. MARRIED NEVER	Bachtell Feb. 14 19 5 B. DATE OF BIRTH 3/22/1884 74 yr. Near Smithsburg P. AGE (In years lif UNDER 1 YEAR IF UNDER 24 H) Months Days Hours Min 12. CITIZEN OF WHAT COUN U.S.A.
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCE	B. DATE OF BIRTH 3/22/1884 9. AGE (In years lost birthdoy) 74 yn. Near Smithsburg 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 H Months) North Days Hours Min 12. CITIZEN OF WHAT COUN U.S.A.
during most of working life, even if retired)	Near Smithsburg U.S.A.
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I. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David H. Bachtell	Selena Barkdoll
fes. no, or unknown] [If yes, give war or dates of service]	avid E. Bachtell, Smithsburg Md., Route 2
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) COYONZYY DUE TO Conditions, if ony, which gove rise to immediate DUE TO	arteriosdesosis Hyrs.
lying cause lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	O. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stotory, street, office bldg., etc.)
21. I certify that I attended the deceased from 2-12 olive on 2-14, 1959, and that death ACTUAL SIGNATURE Charles 5. Hers	occurred at 12 A M, from the couses and on the date stated about ADDRESS (Street, city or town, state) DATE SIGN.D.
PHYSICIAN'S NAME (Type) Charles F. Hess	Smithsburg Md.
Burial 2/17/59 22c. NAME OF CEMETERY OF Smithsburg	(5)010)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE EB 1 8 '59 Outland & Thomas

THE SECURITION OF THE PROPERTY OF THE SECURIOR OF THE SECURIOR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. directa PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY o. STATE b. COUNTY filed MARYLAND deoth. b. CITY OR TOWN Uf ourside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give harers town Funkstown ANDS trouve d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION askensoton and NAME OF 3. **First** Middle 4. DATE Month DECEASED OF ares (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthday) Months DIVORCED [WIDOWED [yrs. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreigh country) death pod during most of working life, even if retired) Housewife ond ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 500 physician John Dennis Barnes Lavine Cavendar гетаув IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT affending 18. CAUSE OF DEATH [Enter only one course per_line for (o), (b), and (c).] d PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO thot þ Conditions, if ony, which gned requires gove rise to immediate per **DUE TO** couse (o), stoting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 80 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED Hour o. ft. factory, street, office bldg., etc.) While Not while ot work of work D. m 21. I certify that I attended the deceased from alive on and that death occurred at 5 ADDRESS (Street, city or town, stole) ACTUAL Should should

22c. NAME OF CEMETERY OR CREMATORY

DATE

ADDRESS

e. IS RESIDENCE

Day

Hours

12. CITIZEN OF WHAT COUNTRY?

Days

ON A FARM?

YES NO T

Year

1959

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Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO E (County) (State) I, that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (Stole) 240. REC'D' BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

moy be of FUNER 0 VS A15 (4) 15M 9/55 PHYSICIAN'S NAME (Type)

REMOVAL-(Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

250	CERTIFICATE	OF	DEATH
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2

Reg. Dist. No. 02343

1. PLACE OF DEATH O. COUNTY WASHI	NGTON	MARYLAND	2. USUAL RESIDENCE (WI o. STATE MARY		COLLETY	esidence before ASHIN	
B. CITY OR TOWN (If ounid HAGERSTOWN	e corporote limits, write own)	LIFE	c. CITY OR TOWN (II of HAGERS		its, write RURAL	and give near	est lown)
d. NAME OF HOSPITAL (IF IN ASHINGTON	of in hospitol, give street COUNTY HOR	man and the same	d STREET ADDRESS 269 S. P	OTOMAC S	ST.	•	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	OHN J	Middle ALBERT	BECK Lost	4. DATE OF DEATH	Month PEBRUAF	Ооу	13 ₁₉ 5
5. SEX 6. CC	HITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8/3/1891			nths Days	Hours Min.
100. USUAL OCCUPATION (Given of the OPERATOR	e kind of work done 10b. , even if retired)			or fareign cauntry) YLAND	1	2. CITIZEN OF	• A •
J. FRANK	BECK		BLANCHE				
15. WAS DECEASED EVER IN U.		SOCIAL SECURITY NO. 17.	MRS. MABLE	D. BECK	and de la	RSTOW	Ď.
18. CAUSE OF DEATH (E. PART I. DEATH WA IMME! 14/9 Conditions, if ony, wh gove rise to immedicouse (o), stoling the unstyling couse last.	S CAUSED BY: DIATE CAUSE (a) DUE TO ich (b) OUE TO	graman	cell Ca tastasii to egcosi	r nech	tou		TAND DEATH
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21. I certify that I a alive on ILL SIGNATURE SCHOOL PHYSICIAN'S Edwarm NAME (Type)	uand w	o 111 M.D.	th accurred at 143	ADDRESS (Street, cit	causes and y or lown, state gton S	an the date	w the decease e stated abov DATE SIGNI 2-14-
270. BURIAL, CREMATION, 271	2/15/59	ROSE HII	I. CEM		RSTOWN		(State)
23. FUNERAL DIRECTOR'S SIGN	ATURE Ho	ADDRESS	ZAG. REC'	1 6 '59	Charley a		

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL P. CTOR: After this certificate has been signed by the attending physician and campletely filled in the formerol director, page 3 shauls, we detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and build be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

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o COUNTY

NAME OF

Ifet no at unknown?

alive on

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

220. BURIAL CREMATION.

REMOVAL (Specify)

(Type or print)

haurs ofter death. Page

23. FUNERAL DIRECTOR'S SIGNATURE

RICHARD T.

22b. DATE THEREOF

BINFORD.

ADDRESS

22c NAME OF CEMETERY OR CREMATORY ROSE

HAG 240. REC'D BY REGISTRAR

PSTOWN 246 REGISTRAR'S SIGNATURE

27d. LOCATION ICity, town, or county)

DATE FEB 9

HAGERSTOWN, MARYLAND

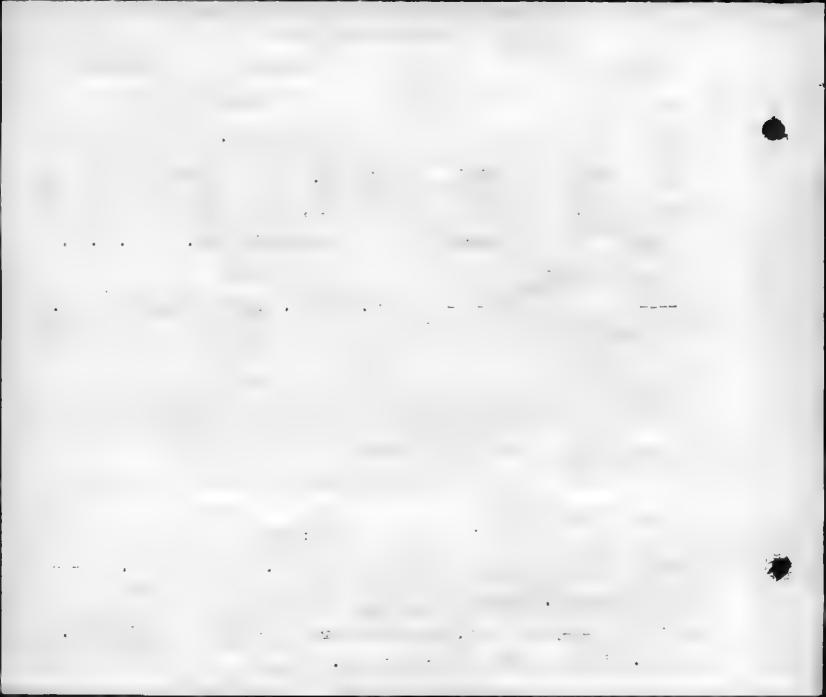
1 & Thous

(State)



1 PLACE OF DEATH

o. coWashington MARYLAN							STATE VIA	ryl	and	b. 1	COUNTY	Was	nin	gtor	1
	LAGETST	autide corporate limi orest town) OWN	is, write	c. LENGTH OF	STAY IN 15 YEARS	c. 1	CITY OR TOWI	N (If ou	itside corpoi Ha gel	rote limit	s, write R	URAL and	give neo	irest towr	1)
M	ashingto	n County	Hos	pital		8	STREET ADDRE		h Ave	э.				e. IS RES ON A YES	FARM
	NAME OF DECEASED (Type or print)	aul		enry	Middle B 1	air	Sr.		4. DATE OF DEATH	1	Mon Pebr	uarj	Do	2	Yeor 19 59
5. S		6. COLOR OR RACE	7 MARR	NEVER	MARRIED [_	OF BIRTH			9 AGE ((In years irthdoy)	IF UNDER	Days	Hours	R 24 HRS Min
	ale	White	WIDOWI		ORCED	Jui			910	48					
10a	. USUAL OCCUPATIO during most of work	N (Give kind of wark ing life, even if retired) .			USTRY 11					_				COUNTRY
_	Guard		A	ircraf	t				ring	Mo	d.	J	J. S	. A	•
13.	FATHER'S NAME					14, A	AOTHER'S MAII								
		y Blair						Ore	a Hu	11					
		R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURI		INFORM		_	1		Addr				-
	7000		KI	.4-09-5	M TCO	rs.	Mary	E.	Blai	r	na 6	erst	cown	m	d.
		TH [Enter only one co	iuse per lii	ne for (o), (b), a	nd (c).]								INTE	RVAL BE	TWEEN
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	couse (a), stating t lying couse last.		, n	phios	clus	\(\frac{1}{2}\)	o clum		2	Dia	bere	re me	ec x	n	
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING	TO DEATH BU	T NOT RE	CATED TO THE	TERMIN	NAL DISEASE	CONDI	TION GIV	EN IN PAR	T 1(o) 1	PERFO YES	RMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJ	URY OCCURR	ED. (Enter	noture of inju	ry in Po	ort I or Port	II of iter	n 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. ft. p. m.	Manth, Day, Yes	While	Not while	D 20e, F	LACE OF	INJURY (Home eet, affice bldg	, farm, j., eic.)	20f. (City	or town)		(County)		(State)
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						_m.u									
	NAME (Type) E	lward W.	Ditt	0 111			Ha	ger	stown	n, l	Mary	land			
220	BURIAL, CREMATION	, 225. DATE THEREC	F	22c. NAME O	F CEMETERY	DR CREMA	ATORY		22d. LOCAT	ION (Cit	y, Iown, o	r county)		(Stot	e)
-	burial	2-6-59			auls	Ceme	eterv		Nea	r C	lear	spri	ng	Md	•
1	FUNERAL DIRECTOR'S		~	ADDRESS		,	f -		BY REGISTE		4b. REGIS	TRAR'S SI	GNATUR	E	
20	ott F. 1	Minnich &	Son	Hage	rstow	n B	d. DAT	(EED	9 '59)					



Reg. Dist. No.

Months

Washington

IF UNDER I YEAR IF UNDER 24 HRS

U.S.A.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

12 CITIZEN OF WHAT COUNTRY?

Days

[County]

DATE FEB 6

e. 15 RES DENCE

ON A FARM?

YES NO TE

10 59

Min

VS A15 (4) 15M 10/57

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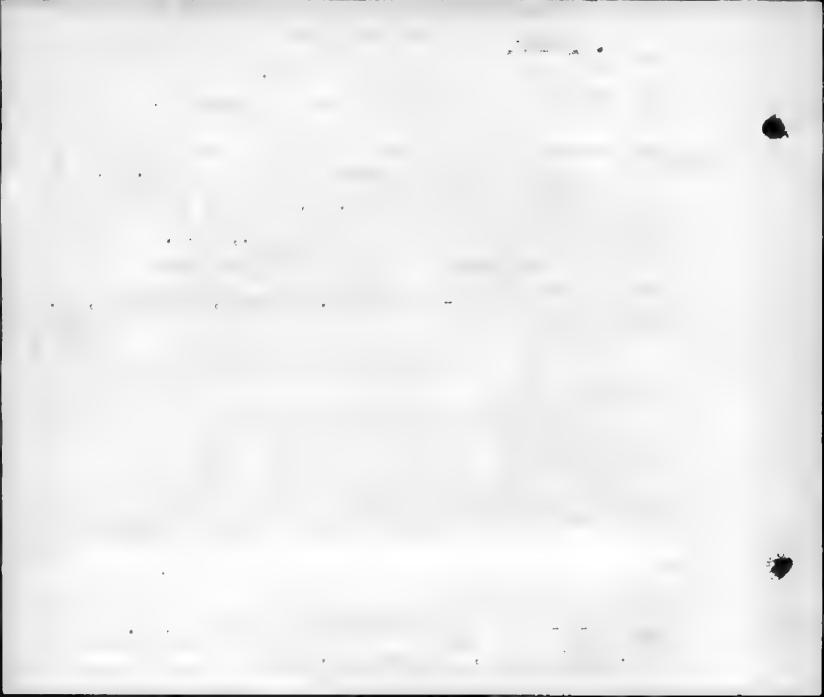
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	4	418	OEK III I	AIL OI DEAII	•	Reg. Dist. No.
	PLACE OF DEATH Washi	ngton	MARYLAND	n STATE TO	ere deceased lived If institution b. COUNTY	
	b. CITY OR TOWN (If outside carpora RURAL and give nearest town) rural Hiddle	burg	3 hours	c. CITY OR TOWN (IF o	Greencast1	
	d. NAME OF HOSPITAL (IF not in hos OR INSTITUTION	pital, give street a	ddress}	d. STREET ADDRESS RFD 2		e, IS RESIDENCE ON A FARM? YES A NO
	(.)	rl.es	Walter	Bonebrake	4. DATE Mont OF TO DEATH	eb. 24, Yeor 1959
	male white	WIDOWED	141	Jan. 27, 1		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min
	10a. USUAL OCCUPATION (Give kind of during most of working life, even if engineer	wark dane 10b. K retired)	ind of Business or Inc railroad	,	or foreign country) Co., Penna.	12 CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME Jaco	b Boneb	rake	14. MOTHER'S MAIDEN N	Lucy Hah	n
	15. WAS DECEASED EVER IN U. S. ARMI (Yes. no or unknown) (If yes, give wor or o	4 4 4	5-10-6769	Reba M. Bon	ebrake, Gree	ncastle, Pa.
	18. CAUSE OF DEATH {Enter only PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY:	CERONONERY	Herento	· sla-	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	(b) <u>(</u>	eitheptos	clience		
	PAIT II. OTHER SIGNIFICAN 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING II CAUSE OF I U (IF ETIMER, NOTIFY MEDICAL EXAM	IT CONDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVI	PERFORMED? YES NO
		DEATH	RIBE HOW INJURY OCCUR	RED. (Enler nature of injury in I	Part I ar Part II of item 18.)	
	20c. TIME OF INJURY Month, Do Hour o. jr. p. m.	While	JURY OCCURRED 20e. Nat while of work	PLACE OF INJURY (Home, farm factory, street, affice bldg., etc.	20f. (City or town)	(County) (State)
	alive on			th occurred at LL:30		, that I last saw the deceased nd on the date stated abave store) DATE SIGNED
	PHYSICIAN'S Howard NAME (Type)	Weeks		_M.D136_N_ Hagers		
	22g BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) 2-27	THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (City, town, o Hagerstown,	r county) (State)
İ	23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minni		ADDRESS	24a, REC'	D BY REGISTRAR 24b. REGIS	

uneral director, Id perfitted with ATTIBILING PRYSICAN: Tile for requires that the Beath certificate be executed within in hours after death. Page 4 may be retain the haspital or attending physician.

TO FUNERAL D OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld to assert the page 3 shauld the burial-transit permit. Then please remave carban papers, Pages 1 and the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITAL BR VS A15 (4) 15M 9/55



Rest Haven Funeral Chapel Inc. Hagerstown, Md.

Under

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DATE

death certificate ottending thot the ۵ 200 O HOSPITAL 67 0 VS A1S (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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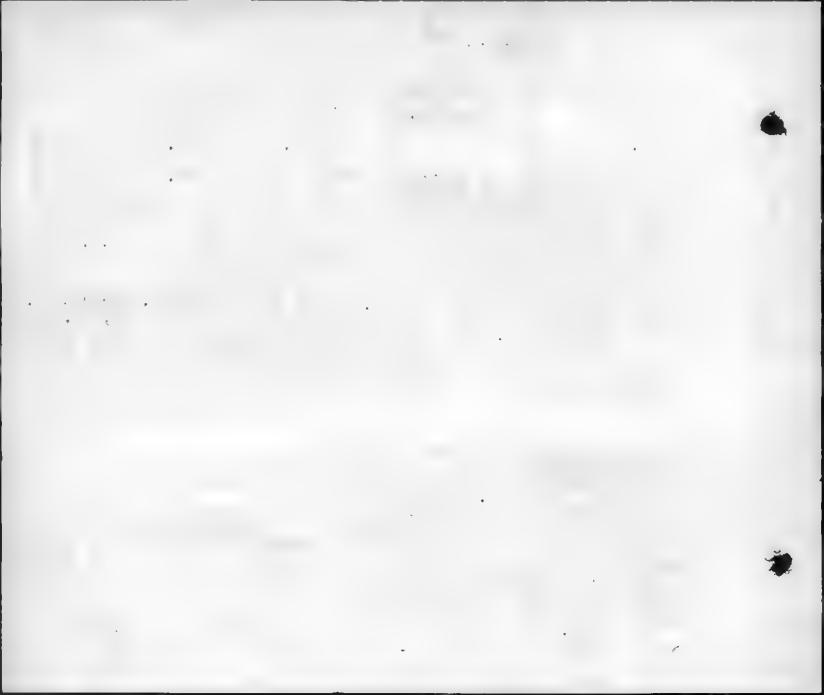
C/	ATE OF DEATH	4			Pag	Dist. No	1148	(#)
D	2 USUAL RESIDENCE (WI	_	d lived b.	If institution	on Resid	lence befo	re admiss	s on}
ь	c. CITY OR TOWN (IF a							n)
	× Williams	_		a, writing hi	OKAL OI	o give inc	g1631 (G40)	*1
	# d STREET ADDRESS						e. 15 RES	DENCE
	132½ S.	Verm	ont	St.			YES [NO P
	Bowers	4. DATE OF DEATH	1	eb.	th	10	ργ	Yeor 59
- J	B. DATE OF BIRTH July 11	L880	9 AGE	(In years irthday)	Month	ER I YEAR	Hours	ER 24 HRS Mm.
DUS			ount(v)	715		~7	E WHAT	COUNTRY
	Marylar		_/)				S.A	COOMIKI
	14. MOTHER'S MAIDEN N		tson	1				
7. H	S. Nellie B	ançoi	urt	238	Ň.	[]	erne	St.
	917	6		Bal:		TO !	ERVAL BE	TWEEN /
) 1	JUI 1811	120	AK	/		120	ET AND	DEATH S
7		1						CHEST !
BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDI	TION GIV	EN IN P	ART 1(a) 1	P WAS PERFO	AUTOPSY PRMED?
RREC). (Enter nature of injury in	Part I or Par	l Il of ile	m 18.)				
PL/ fec	ICE OF INJURY (Home, form tory, street, office bidg., etc.	20f. (City	or lown	1	`	(County)		(State)
A	F 5 10	11	711	107	414	1.1		1
7	accurred of	At	+1-5-1			the da		deceased
ı,	197	ADDRESS (S	treet, city,	or lown.	atote)	ne do		ed oblige ATP SIGNED
	4D (1/1)	2111	VI	281	04	111	14	////[
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7.0	CREMATORY	22d LØCA	DON IC	y fown	s court	4	161-1	
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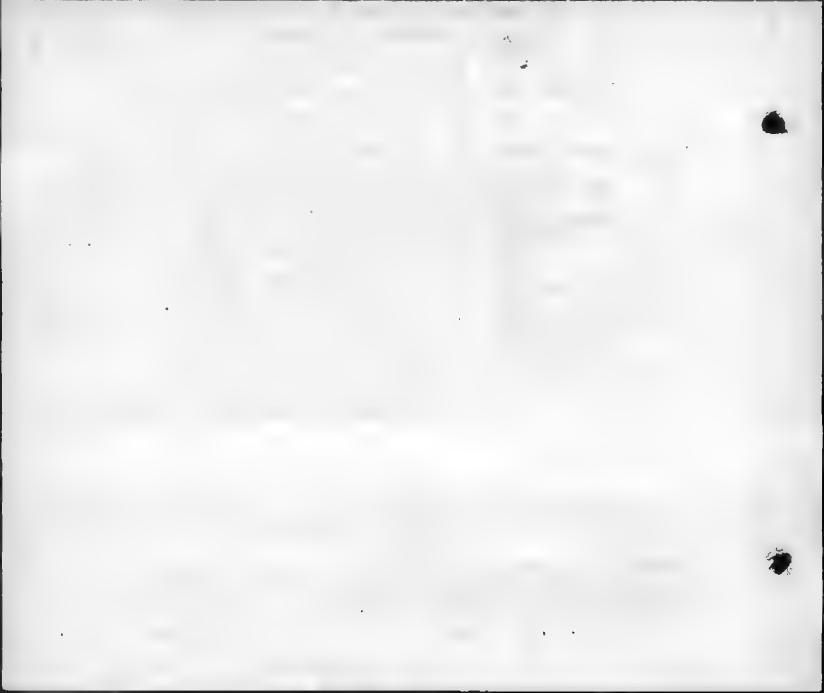
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VS A15 (4) 15M 10/57





VS A15 (4) 15M 10/57

ARYLAND STAT	E DEPARTMENT	OF HEALTH	BALTIMORE, 18
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2358 CERTIFICATE OF DEATH

0235 i

1. PLACE OF DEATH O. COUNTY WASHINGT	ON		MARYL	AND	2. USUAL RESIDENCE (WHO STATE ARYLAND	nere deceosed	b. COUNTY	ONTGO	
b. CITY OR TOWN (I RURAL and give no	If autside corporate lim	ils, write	c. LENGTH OF STAY II	N Ib	c. CITY OR TOWN (If o	utside corpor	ate limits, write f	URAL and gi	ve neorest town)
AGERSTOW	N, MARYLANI				KENGIN	GTON.	MRYLANI) /	
OR INSTITUTION	IAL (If not in haspital, i		_	İ	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
7.LSTERN	D STATE HO	SPITA	L		10713 SHA	FTSBUE	Y ST		YES NO 🔝
3. NAME OF DECEASED	Fi	rsi	Middle		Last	4. DATE OF	Mar	_	Day Year
(Type or print)	Fanni		LEE		ROUN	DEATH	786	- 2.5	14758-19 57
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		. DATE OF BIRTH		9 AGE (In years lost birthday)		YEAR IF UNDER 24 HRS.
FE.ALE	NEGRO	WIDOWI	-	*****	1/6/h/s/s 1906	5	5152 m.	MONTHS	Joys Hours Min
10a. USUAL OCCUPATION during most of work	DN (Give kind af wark king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS1	RY 11. BIRTHPLACE (State	or foreign co	untry)	12. CITIZ	EN OF WHAT COUNTRY
	LC life, even if relired				WINTERGRE	EN. VI	RGINIA		U.S.A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN N				
MARSHALL					ELIZA TUR	ENER			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Add		
					STANLEY LOVE	C	KENSI'	GTON ,	MD
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Em		55	natic abso		-		INTERVAL BETWEEN ONSET AND DEATH E MAYS
cause (a) stating lying cause lost.) (c)							6 mos
3 Caron	noma of	head	t of pane	rea				VEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING CO CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED.	. (Enter noture of injury in P	Part I ar Part	Il of item 18.)		
Hour o.m.	Y Manih, Day, Ye	While of world	Not while	foci	CE OF INJURY (Home, form, pry, street, affice bldg., etc.	-}		·	ounty) (State)
ACTUAL SIGNATURE TO PHYSICIAN'S NAME (Type)	VICTOR	, 19 L , _x L , _k	ond that c	death	o western Hagers	M, fram ADDRESS (Str M) ADURES	the causes of the causes of the causes of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the causes o	and an the stole) / //os/	date stated abave
REMOVAL (Specify)	2/28/59	4	GLEN MARN	CE	FIERY	WITT	TER GREE	N	VIRGINIA
23. FUNERAL DIRECTOR	SSIGNATURE	du.	ADDRESS 10	CA	DATE AR			STRAR'S SIGN	



CERTIFICATE OF DEATH 2359 with director, Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) o COUNTY filed b. COUNTY MARYLAND AShIN CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) HAGERSTOWN 0 d NAME OF HOSPITAL (If not in hospital, give street address) HUSPITH4 # d. STREET ADDRESS OR INSTITUTION DOA puo NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) 5. SEX 7. MARRIED NEVER MARRIED DATE OF 9. AGE (In years lost birthday) WIDOWED T DIVORCED comple popers. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) and 13. FATHER'S NAME physician move 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o **DUE TO** that Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost CERT. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work D. m 21. I certify that I attended the deceased from and that death occurred at 12:30 P.M. from the causes and an the date stated above alive on. 080 ADDRESS (Street, city or town, state) ACTUAL SIGNATURI Washington St. 5 P shaul PHYSICIAN'S Ditto Edward FUNERAL Hagerstown, Maryland NAME (Type) 63 220 BURIAL, CREMAT ON, 226, DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOYAL (Specify) OSEDA

O HOSPITAL

page 10 VS A15 (4)

15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

Andrew K. coffman

ADDRESS Hagerstown,

Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

24a REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

11 12 P

e. 15 RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO 📑

> > (State)

DATE SIGNED

(State)

Doys

(County)

___that I last saw the deceased

ON A FARM?

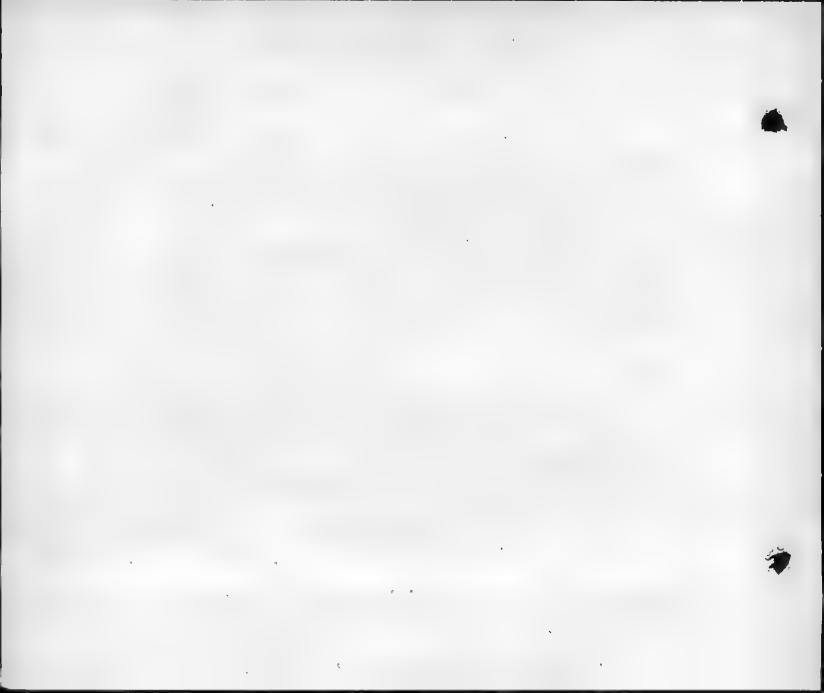
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Months



ADDRESS

e IS RESIDENCE

YES NO

Year

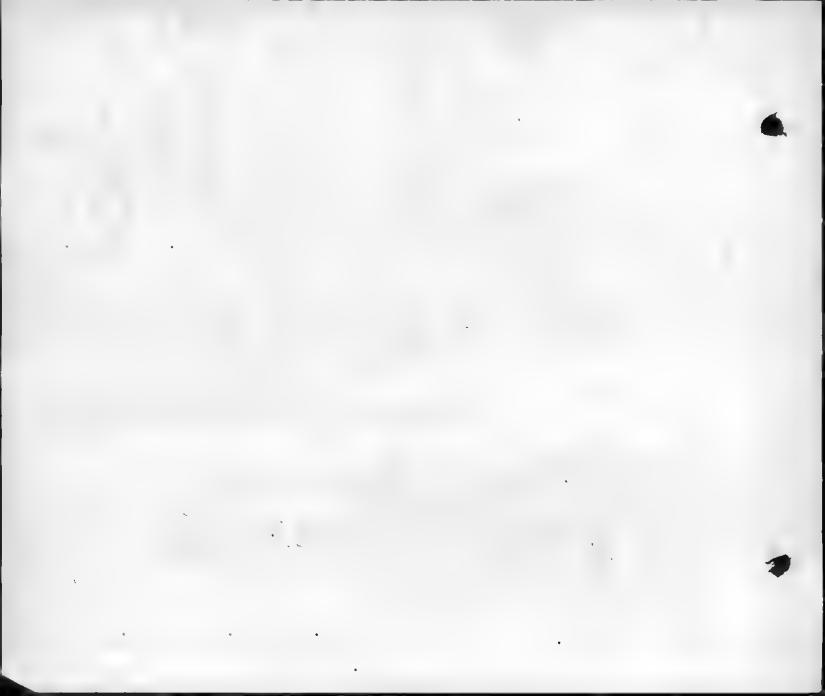
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IRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRYS
7: 3. TTTG,).	U. 3. v.
THER'S MAIDEN NAME	
ETT A T	
T Address	
	. م رقی سام دیم
40 B.	ONSET AND DEATH
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	- Part
TED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY
TO TO THE PERMITTEE DISEASE CONDITION OF THE	PERFORMED?
ature of injury in Port t or Port II of item 18.)	
JURY (Home, form, 20f. (City or town) I, affice bldg., etc.)	(County) (State)
10 2/13/5/8	hat I last saw the deceased
	an the date stated above.
ADDRESS (Street, city or town, ato	DATE SIGNED
Like fell of the	40 2/13/39
	() /

DRY 22d LOCATION (City, town, or c	ounty) (State)
ونساعا في الما	. 4 е
EED 1 0 100	AR'S SIGNATURE
DATE LB 18 59	18. Kings
4 9	

9 VS A15 (4) 15M 10/57

23. FUNERAL-DIRECTOR'S SIGNATURE



FOR STATE HEALTH DEPT.

execute the control EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the controls, writing the word "pending" in pendit in them 18. Give Pages 1, 2, and 3 to the funeral-director. Page 4 should be a graded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained from files. O FUNERAL D. ACTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B. 3 of Hoght, or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours ofter death.

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VS.	A	151	A.P.
2 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any	W.S	1/5	7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 236 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02354

-	Thos			Reg. Dist. No.					
1.	PLACE OF DEATH WASH INGTON		MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on) o STATE MARYLAND b COUNT WASHINGTON					
	b. CITY OR TOWN, Towards corporate himits, with and give representational RSTOWN	e EURAL	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN				
	d. NAME OF HOSPITAL OR INSTITUTION OF 1000 HAMILTON BI		sital, give street address)	d. STREET ADDRESS	ON A SAR				
3.	NAME OF DECEASED (Type or print) GEORGI		CLYDE Middle	BURKHOLDER	A. DATE OF FEBRUARY	Doy Year 19 59			
5.	SEX 6. COLOR OR RACE	7 MARRIE	D MEVER MARRIED	8. DATE OF B RTH	9. AGE the years IF UNDE	R TYEAR IF LINDER 24 HK			
10	MALE WHITE	WIDOWED	DIVORCED [6/1/1890	feet birthdoy, 68yrs. Months	Doys Hours Min.			
	Do. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED SALESMAN	done Ivo. Ki	TOBACCO CO.	PENNS	YLVANIA	U.S.A.			
13	JOHN H. BURKHOLI	DER		14. MOTHER'S MAIDEN IN	BARTLES	-			
1!	S. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16 S	001AL SECURITY NO. 17.		IIA BURKHOLDEP	HAGEPSTOWN MD.			
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6			ary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 min			
	Conditions, if ony, which gove rise to immediate cause (e), stating the underlying Cause test. (c)								
CATION	PART II, OTHER SIGNIF CANT CON	Cirrho	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HALDISEASE CONDITION GIVEN IN PA	RT I(0) 19. WAS AUTOPSY PERFORMED? YES NO D			
CERTIFI		b DESCR.BE	None	Enter noture of injury in Port	or Port II of stem 18.)				
MEDICAL	Hour a.m. 19	While	Not white for of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (State)			
	21. I certify that'I taak charge	of the re	emains described ab	ve. held an Autonsy	Inspection E Inqui	iry . and in my			
	apinian death resulted fram:	Natural co	auses 🗓, Accident		amicide [], Undetermined	* twee			
	ACTUAL SIGNATURES, Poleco	W-	ell	M.D. CHIEF MEDICAL EXA	La.	DATE SIGNED			
	EXAMINER'S S. Ro	bert W	Wells, M.D.	ASSISTANT MEDICAL EX		-59			
22	20. BURIAL, CREMATION, 226. DATE THERECO		ROSE HILL		22d. LOCATION (City, town, or county) HAGERSTON	(Srote)			
23	FUNERAL DIRECTOR'S SIGNATURE	Ha	ADDRESS/		BY REGISTRAR 246. REGISTRAR'S SI	GNATURE			
-	The internal	1		TOTAL TOTAL	alone stagency stagency by a plant of the stagency of the stag				



VS A1S (4) 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	2:	362	CERTIFI	CATE OF D	EATH			Reg. Dist. N	10. A S	355
1. PLACE OF DEATH O. COUNTY WASHING	FTON		MARYLAN	II O STATE		are deceased lived	L. COUNTY	Residence be	fore admi	ision)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN			utside corporate li	mits, write RUR	AL ond give r	nearest lav	vn)
	RSTOWN		18 HOURS	X SHA	RPSB	URG				
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	give street	oddress)	d STREET A	DDRESS				e. IS RE	A FARM?
	TON COUNT	TY HO	OSPITAL.	SHAF	RPSBU	RG MD.				NO 🔀
3. NAME OF DECEASED	fi	rst	Middle	los	1	4. DATE OF	Month	(Day	Year
(Type or print)	CHARLI	ES	JACOB	BUSSARI)	DEATHFEE	BRUARY	10 19	959	19
5 SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8 DATE OF BIRTH	4	9. AC		UNDER TYE		
MALE	WHITE	WIDOWI	DIVORCED [MAY 9	1874		4 70.	Months Days	s Hours	Min,
100. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR II	NOUSTRY 11. BIRTHPL	ACE (Stelle o	or foreign country		12. CITIZEN	OF WHA	T COUNTR'
RETIRE		٠ .	OWN FARM	SHAF	RPSBU	RG WASH	L.GO.M	D. U.S	S.A.	
13 FATHER'S NAME				14 MOTHER'S	MAIDEN N	AME				
WILI	LIAM C.BU	SARI		CHA	RLOT	TE ANN	AINSW	ORTH		
	ER IN U. S. ARMED FOI	RCES7 16.		7. INFORMANT			Addres			
NO	In her dies mos os doner or		NONE	MARTIN L.	BUSS	ARD SHA	RPSBU	RG MD		
	ATH [Enter only one co			10	#-			. In	NTERVAL B	JETWEEN /
	ATH WAS CAUSED BY:	- W	inizak.	ed (1)	1110	22 Cul	20-21.		NSET ANI	D DEATH
450,0	DUE TO			120	Let -		p. 0 ga		1	1) Mary
Cenditions, if			C/							U
gove rise to	immediate (D								
couse (o), stating lying couse lost	The unger-	c)								
Z PART IJL-101	HER SIGNIFICANT CON	NOTIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMIN	VAL DISEASE CON	IDITION GIVEN	I IN PART 1(e)	IP WAS	AUTOPSY
PART IL OT	6 1. X1	121	dir (noteria	Ten	- 11	rax.			ORMED? !
200. ACCIDENT W	AS UNDERLYING	20b. DES	RIBE HOW INJURY OCCU	JRRED (Enter noture of	f injury in P	ort I or Port II of	item 18)		100	, <u>C</u>
U (IF EITHER, NOTIF	G CAUSE OF DEATH MEDICAL EXAMINER)									
	RY Month, Doy, Ye	ear 20d II	NJURY OCCURRED 204	PLACE OF INJURY I	Home, form,	20f. (City or to	wnj	(Count	(v)	(State)
20c. TIME OF INJU	19	While	Not white	fectory, street, office	bidg , etc.)		•			
	16 1 1 1 1 1 1			1 20/-1	5-7	11 /	((
0/24/20	hat I attended the	deceas	water a first	(2).0.	, ta/-	D-	/	that I last		
alive on		S. 192	and that de	eath occurred at.						
ACTUAL	10 VII. 4	H	1 a SM	XXXX	XXXX	ADDRESS (Street, o I Shar	psburg	Md.	-	TITES
SIGNATURE	Mary M	01	1	M.D. TYCELE	00			, ,		
PHYSICIAN'S NAME (Type)	Walter H.	She	aly M. p.							
220 BUR AL, CREMATI	ON, 226 DATE THERE	OF	22c. NAME OF CEMETER	RY OR CREMATORY		22d. LOCATION	City, town, or	county)	(SIC	ote)
FURIAL CONT	" FEB.13	1959	LOCUST G	ROVE CEME	TERY	Locusi	GROV.	E WASI	H.CO	.MD
23. FUNERAL DIRECTO	~ 1 / 1	A	ADDRESS		24a REC'C	BY REGISTRAR	246 REGISTI	RAR'S SIGNAT	TURE	
1 Take	H-120	1	1. DOONS BOOK	n MID	EXTR 1	3 150	Cathun	8 4		



VS A15 (4) 15M 9/55 2420

CERTIFICATE OF DEATH

02356

1-					Reg. Dist	r, No.	
1.	PLACE OF DEATH g. COUNTY		2 USUAL RESIDENCE (WH			e before admission)	
	WASHINGTON	MARYLAND	NITICULAND LOUNTY WASHINGTON				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (IF a	sutside corporate limi	ts, write RURAL and gi	ve nearest town)	
	BOONSBURG RUBAL	144 YEARS	X BOONS B	0120 -	KURAL		
	d. NAME OF HOSPITAL (If not in hospital, give street OR JUSTITUTION	address)	STREET ADDRESS	NB -		e, IS RESIDENCE ON A FARM?	
	BOONSBORD MD.	15,2	DOONSBOK	o MD.	13.2	YES X NO	
3.	NAME OF First DECEASED	Middle	Lest	4. DATE OF	Month	Day Yeor	
	(Type or print)	(ONKLIN		BRUAIRY -	-1- 1959	
5.	T	HED NEVER MARRIED	8 DATE OF BIRTH	9. AGE	A DATE OF THE PARTY OF THE PART	YEAR IF UNDER 24 HRS Days Hours Min.	
10	-EMALE WHITE WIDOW!	Treat to the same of the same	FULY -30-18	62 19	3 75.	The of white court are	
1''	of USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)			or toreign country).	12. CITZ	ZEN OF WHAT COUNTRY	
12	FETTIRED OPERATOR O	F BEAUTY SHO	14 MOTHER'S MAIDEN N	-/x N.,	f	M.S.A.	
1'3	TATHER'S NAME		0	YAME			
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	I ADELIA	ANN	C-AIZDNI Address	<u> </u>	
	85. Rp. of unknown) (If yes, give wor or dates of service)	and the same of th		2010	2	to a No	
-	No.		RS. HERBERT	DOLFIL	LD DOG	COLSBORO ME	
	18. CAUSE OF DEATH [Enter only one couse per life PART 1. DEATH WAS CAUSED BY:	he for (a), (b), and (c).	· ella F	Non. 3	/	INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (o)						
	00110						
	Conditions, if any, which (b)						
	cause (o), stoting the <u>under-</u> lying cause last.						
Iz	(0)	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM!	INAL DISEASE COND	ITION GIVEN IN PART	1(a) 19. WAS AUTOPSY	
CERTIFICATION						PERFORMED?	
TIE	200. ACCIDENT WAS UNDERLYING [20b. DES	CRIBE HOW INJURY OCCURRI	D (Enter nature of injury in	Port I or Part II of its	m 18)		
		Þ					
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 200 P	ACE OF INJURY (Home, form	20f (City or lowe	i) (Co	ounty) (State)	
MED	Hour a, m. While at wor	shills	ctory, street, affice bldg., atc	1			
	21. I certify that I attended the deceas	ed from Fix /- 1	, 1957, to	-1-1	195 / that I k	ast saw the deceased	
L	alive on 10 4/2 / 195		accurred ato 1	/			
	Card Cell	7		ADDRESS (Street, city		-) DATE SIGNE	
	SIGNATURE SIGNATURE	n	M.D. 12	1212067	- Z c	7/2/59	
	PHYSICIAN'S		-		12.11	, , , , , , , , , , , , , , , , , , , ,	
L	NAME (Type)	4 7 7		*	7147		
22	BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (C	ity, tawn, or county)	(State)	
	BURIAL ITEB. 3, 1959	DOONSBOKE	CEMEDERA	BOOMSIZO			
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. RET'		24b. REGISTRAR'S SIGI	NATURE	
	- Take TI KKIDA	Wallow Jerous V	TACH DENETS	5 '59	C Thun & dr	12A.	



2363 CERTIFICATE OF DEATH

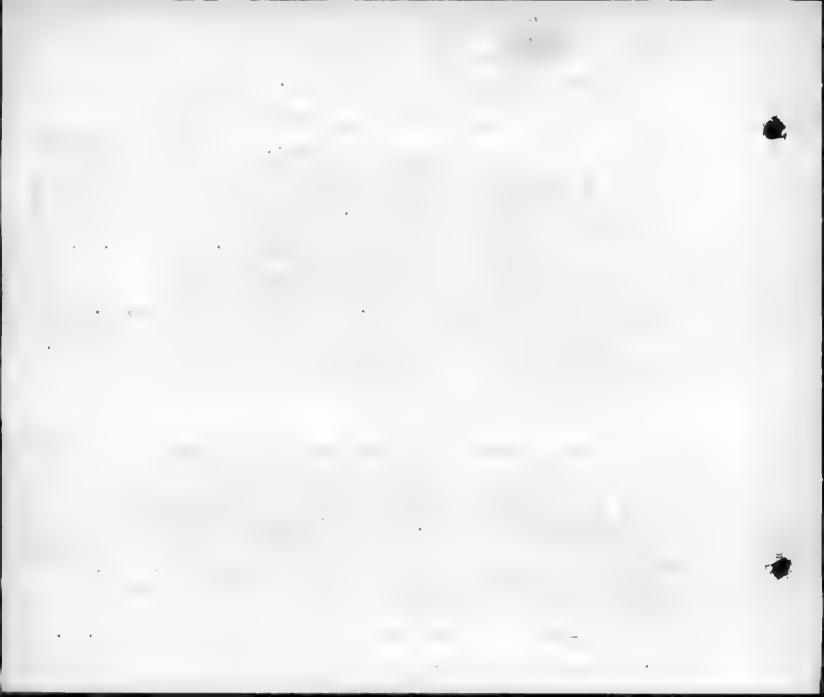
	1. P	LACE OF DEATH	Vashington		MARYLA	ND	2 USUAL RESID o. STATE	ence (who		b. COUNT		ashing		
	Ŀ	o. CITY OR TOWN (If RURAL and give ned Hager	rest lawn)	ts, write	c. LENGTH OF STAY IN 35 years			own (If o		rate limits, write	RURAL and	give nearest	tawn)	
C	•	ANAME OF HOSPITA		ive street			d. STREET ADDRESS 16 Beckley Road o. IS RESIDENCE ON A FARM? YES NOT							3
	3. 1	NAME OF DECEASED	fii	'sl	Middle		Lasi		4. DATE OF	Mo	anth	Day	Year	
		Type or print)	Mar	y	Elizabeth	C	rosswhit	e	DEATH	2		18	17	59
	5. S	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		DATE OF BIRTH			9 AGE (In year last birthday)		Doys Ho	JNDER 24 H	
		female	white	WIDOW			April 25	, 188	33	75 yr				
\		Home d	N (Give kind of working life, even if retired U ties	dane 10b.	KIND OF BUSINESS OR Home	INDUST	Camp	ретт	UO.	Tenn.		U.S.A.		NTRY:
	13.	FATHER'S NAME					14. MOTHER'S		_					
			Lovely					inda	Murra					
		WAS DECEASED EVER	IN U. S. ARMED FOR Fyes, give war or dates of s	CESP 16.	SOCIAL SECURITY NO		FORMANT	las a	4.24.		dress	1/4		
		no			none	_je	sse H. C	rossv	witte	nag	erstow			
				•	ne for (a), (b), and (c).]			-	-	75		ONSET	AND DEAT	H
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c	VO d	arian tumo	r	with at	domi	nai,	pulmo	nary,	91 7	Mont	2
		7.	STP-WEIDC	eff	cervical usion.	ше	uab uabi	9 al.	IU ma	BBIAC	or ear	عبد (ر	erta	1,11
		Canditians, if an	y, which (b	}		-								
		couse (a), stating II	he under: DUE TO											
	z		ER SIGNIFICANT CON	*	CONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PAR	T 1(a) 19 V	VAS AUTOP	'SY
)	ATIC	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Hypertensive cardiovascular disease Hypertensive cardiovascular disease										?		
	CERTIFICATION		S UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY OCC				Part I or Par	t II of item 18.)				<u> </u>
		20c, TIME OF INJURY	<u> </u>	or 20d. I	NUURY OCCURRED 2	De PLA	CE OF INJURY (H	lame, farm	, 20f. (City	or town)	11	County)	IS6	ate)
	MEDICAL	Havr a.m. p.m.	19	While at war	Nat while	fact	ary, street, affice	bldg., etc	1		· ·	.,		
		21. I certify the	at I attended the	deceas	sed from May 2	<u> </u>	, 19 59	, ta Fe	eprua	ry18 ₁₉ 5	9 ,that L	last saw	the dece	ased
		alive an Feb	ruary 17	, 125	9, and that d	leath	accurred at			n the causes treet, city or tow		he date :	stated ab	
1		ACTUAL	1. Jee,	mon		N	100 I	rofe	essio	nal Ar	ta Bl	dg.	2/18/	/59
		PHYSICIAN'S WI	lliam T.	Lay	man, M.D.		Hage	rstov	n		Mary	land		
	220	BURIAL, CREMATION	, 22b DATE THERE)F	22c NAME OF CEMET		CREMATORY		22d. LOCA	TION (City, fawn	, or county)		(State)	-
		burial	2-20-59)	Rose Hi	1				gerstown			Md	•
		FUNERAL DIRECTOR'S		7	ADDRESS				D BY REGIST		GISTRAR'S SIG		Ł	
		Fred W. Kr	alss I	ager	stown, Md.			DATE F	EB 19	22	N. 111 %	3 / 20		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2364 CERTIFICATE OF DEATH

								- P	AB- MISH	140.	
1. PLACE OF DEATH o. COUNTY	Washington	n	MARY		USUAL RESIDENCE o. STATE	E (Where dec		If institution, COUNTY		efore odm	
b. CITY OR TOWN (RURAL and give in Hager	If outside corporate limit earest town)		13 month		c CITY OR TOWN	(If outside o		nits, write RURA			
d. NAME OF HOSPIT OR INSTITUTION	Nursing Ho				.d. STREET ADDRE					ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Aurah	Ť	Middle	Cu	nningham	4. DA	TE ATH	Month 2]	Day L8	Year 19 59
5. SEX female	white	WIDOWE	- minth	0 0	ATE OF BIRTH		fost		UNDER 1 YE		DER 24 HRS Min.
home	ON (Give kind of work d king life, even if retired) GUTIES	1	Home		Front	Royal,				S.A.	AT COUNTR
13. FATHER'S NAME	ohn Garmong				4. MOTHER'S MAID M	en name argare	t Ros	ers			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.					Address mittsbu	urg, M	Id.	
PART I DEA LL 2. 1 Conditions, if o gove rise to i couse (a), sloting fying cause lost.	the under-	Art	er#ioscl	eroti					ise.	NTERVAL E	rs.
TA2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\sum \) NOTE.										
	MEDICAL EXAMINER)		RIBE HOW INJURY OF	CCURRED (E	nter noture of injur	y in Part I or	Port II of i	lem 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year	While	UURY OCCURRED Not while of work	tociory	OF INJURY (Home, , street, office bldg.	., etc.)			(Coun		(State)
	at I attended the eb. 18,	dereose -, 19 5		death ac	, 19 59, to curred at 8: 119 No	OOAM, 1	ram the \$ {Street, ci	causes and ly or lown, slot	on the (date stat	ted abav
PHYSICIAN'S NAME (Type)			, M. D.		Hag	ersto	wn,	Maryla	nd.		all was an apr an ap
220 BURIAL CREMATIO REMOVAL (Specify) burial	2-21-59		22c NAME OF CEME Bunker		EMATORY			ity, town, or ed	ounty)	W. V	ore) /a.
23. FUNERAL DIRECTOR		ersto	ADDRESS		24a.	REC'D BY RE	gistrar 2 4 5 9	246 REGISTRA	R'S SIGNA	TURE	



CERTIFICATE OF DEATH

<u></u>		Reg. 5111, 110
1.	PLACE OF DEATH © COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Laryland Washington
_	b. CITY OR TOWN If outside corporate limits, write c. LENGTH OF STAY IN 1b	Earyland Washington c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	RURAL and give nearest town)	
H		d. STREET ADDRESS
	d. NAME OF HOSPITAL (H not in hospital, give street address) OR INSTITUTION WORDS. County Hospital	233 Taylor Ave
3	NAME OF First Middle	Last 4. DATE Manth Day Year
	OFFICE OF OFFICE OF OFFICE OFFICE OF OFFICE	CUNNINGHAD OF February 16 19 59
5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF SIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days Hours Min
	Fenale White WIDOWED XX DIVORCED	Feby 17 1880 78 yrs.
10	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired) Housewife Own Home	Rort Republic Va. 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Joshua Petre	Mary Alice Brown
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
		hester Cunningham 921 Frederick Road
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
	DUE TO	7) (3 24)
	Canditions, if any, which (b) (1707001) gave rise to immediate	1 Recursion
	cause (a), stating the under DUE TO lying cause last.	thut du t tumo
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ICA)		YES NO
CERT	206. ACCIDENT WAS UNDERLYING ☐ CO.R. CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part 1 or Part II of stem 18.)
MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) (actory, street, affice bldg., etc.)
MED	Haur a. m. p. m. 19 While Nat while at work at work	
	21. I certify that I attended the deceased from 2	6. 1938, to 2 - 16. 1938 that I last saw the deceased
	alive on 2 19, 19, and that deal	th occurred at 5 201M, from the causes and on the date stated above.
	1 5/10 1	ADDRESS (Street, city of two slate) DATE SIGNED
	SIGNATURE SIGNATURE	MD. J. Laline my 7
	PHYSICIAN'S NAME (Type) A SA RID	1/39
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City town, or county) (State)
	Burial 2/19/59 Bretheren C	emetery Ringgold Wash. Co Md.
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246 REC'D BY REGISTRAR 2 246 REGISTRAR'S SIGNATURE
	Andr w W. Coffman Hagerstown M	d. DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL D

uneral director, old be filed with

VS A15 (4) 15M 10/57



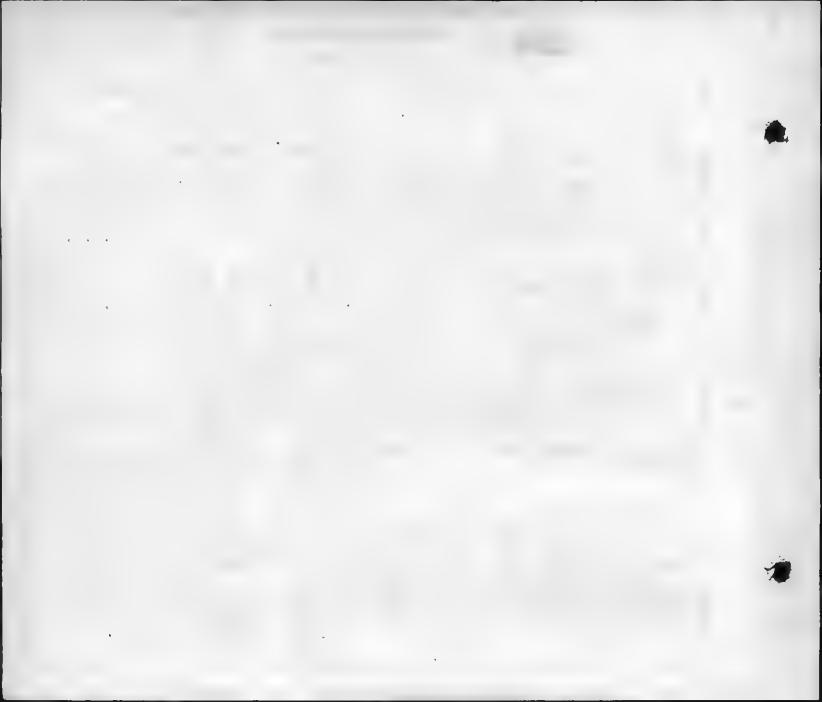
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2356

No	Ì	Tiesal	2	3	6	1]
no.							

1.	PLACE OF DEATH o COUNTY	ASHING TON	MARYLAND	2 USUAL RESIDENCE (WHO STATE MARY	LAND	lived If institution b. COUNTY		e before o					
	RURAL ond give n	If autside corporate limits, write corest lawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) HAGLE STOWN									
	HAGEFE		38 YRS.		O '' N								
	1103 11	TAL (If not in hospital, give street - L'INA ROAD	address)	street address 1103 MT.	LTNA	ROAD		0	S RESIDENCE ON A FARM? ES NO X				
	NAME OF DECEASED (Type or print)	ISAAC First	MILTON	tost DAVIS	4. DATE OF DEATH	Man		Day	Year				
-	SEX	16. COOR OF RACE 7 MARI	RIED NEVER MARRIED	B. DATE OF BIRTH			JARY LEUNDER	NEAR IE	19 50 UNDER 24 HPS				
	MALE	WHITE WIDOW	_	7/5/1887		9. AGE (In years lost birthday) 7 1 yrs.	3		purs Min				
100	CUSUAL OCCUPATION OF THE PROPERTY OF THE PROPE	ON (Give kind of work dane 10b king life even if reticed)	KIND OF BUSINESS OR INDUCTION		ar fareign ca YLAND	untry)	1	ZEN OF W	HAT COUNTRY				
13.	FATHER'S NAME			14 MOTHER'S MAIDEN N	AME		t						
	JOSEPH	DAVIS		LYDIA WO	LFORD								
15.	WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.		NFORMANT		Add	GFF.	TO N					
L	NO NO		NONE	MRS. REBA M	. DAV	IS 112	M. In	D. N					
		ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (a), (b) and (c)]						AL BETWEEN AND DEATH				
	*	DUE TO	0		1			1/					
	Canditions, if a		Corner	n Ocal	4	X-		(33	mu				
	gove rise to i couse (a), stating	mmediate (Bus 70	- D - 1		1/	06		,					
	lying couse last.	(0)	tus &	clima, 7.	Terry	Air		2-	year-				
CATION	PART II. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1 1 Pt	VAS AUTOPSY ERFORMED? S NO EI-				
CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 206. DES	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	art I ar Part	II of item 18.)							
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Year 20d. II While of war	Not white fo	ACE OF INJURY (Hame, form, clary, street, office bldg., etc.	20f. (City	ar tawn)	(C	aunty)	(State)				
	21. I certify th	at lattended the deceas	ed from 2 -/-	J 8, 19 to 2	-6	- 195 /	that I is	nst saw	the decease				
	alive an	7- 4919	and that death	accurred at JUP									
	' '	11 500	x1			sel, silt ar tawn,			DATE SIGNE				
	ACTUAL SIGNATURE	Y- MU De	UN Z	M.D.	les	how to	4	2	1100				
	PHYSICIAN'S NAME (Type)	UZEWZ	TITTOT	Ho	us	to.	Tref	, /,	150				
220	BURIAL CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATI	ON (City, lawn, c	or county)		(State)				
	KENBAVH ZDACILA	2/11/59	REST HAVE	EN CEM	HA(FIRSTO.	N M	D					
23.	FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	The same of the sa	BY REGISTR		TRAR'S SIG	1 100					
1	11. 4. 10	Cruck Ht	10 slaur	Mod. DATE ET	1 3 '59	Ciris	mus; Q. 1	Arven					



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2367 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Washington	MARYLAND	I O STATE	here deceased lived. If institu de b COUNT	Washington							
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest lown) Hagerstown	, write c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF Hagerst	•	RURAL and give nearest lown)							
d. NAME OF HOSPITAL (If not in hospital, go OR INSTITUTION Wash. Co. Hospital	ve street oddress)	d. STREET ADDRESS 812 Spri	uce St.,	e. IS RESIDENCE ON A FARMA YES NO							
3. NAME OF First (Type or print) Lawr	ence Ray	Davis	4. DATE ME OF DEATH 2	7 Doy Year 79 59							
male white	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	August 3, 18		Months Days Hours Min.							
100 USUAL OCCUPATION (Give kind of work de during most of working life, even if retired) retired	W. Md. R.R.	Virgini	a.	12 CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME	_	14 MOTHER'S MAIDEN									
Summerfield Davi 15. WAS DECEASED EVER IN U. S. ARMED FORCE		MORMANT	Frazier	dress							
yes (1) yes, one wor or dorm of ser	vices .	. Clara Mae		stown, Md.							
18. CAUSE OF DEATH [Enter only one couper to the part of the part	hear had a	skysema	E resp. f	interval Between ONSET AND DEATH							
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PART, IV OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? 100. ACCIDENT WAS UNDERLYING 20th DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port If of Item 18.)										
20c. TIME OF INJURY Manth, Doy, Year Hour o. m, p. m. 19		ACE OF INJURY (Home, form story, street, office bldg., ele	n, 20f (City or town)	(County) (State)							
21. I certify that I attended the alive on 7 FEBRUARY. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) RICHARD T.	deceased fram, 17 OCTOB , 12 59 , and that death of Juntary BINFORD, M. D.	occurred at 36	FERRUARY, 1959 My fram the causes ADDRESS (Street, city or town MAC AVENUE, H	and on the date stated above state) BATE SIGNED							
226. BURIAL, CREMATION, 226. DATE THEREOF burial 2-10-59	Rose Hill	R CREMATORY	22d LOCATION (City town, Hagerstown	or county) Md. (Slote)							
23 FUNERAL DIRECTOR'S SIGNATURE Fred W. Kraiss Hage	ADDRESS erstown, Md.	240. REC	B 1 3 '59 246 REG	ISTRAR'S SIGNATURE							



DATE

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death.

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burial-tronsit

retained RAL D should

May be ... HOSPITAL

VS A15 (4)

puo

hours remove



302 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES NO 1 Day Year February 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Min. Few 12. CITIZEN OF WHAT COUNTRY? U-S-A Hagerstown, Maryland INTERVAL BETWEEN ONSET AND DEATH 30 MIND PERFORMED? YES NO DE (County) (Stote) 19527, that I last saw the deceased and that death accurred at 5 2/ A.M. from the causes and on the date stated above. DATE SIGNED 22d LOCATION (City, town, or county) (State) 24b REGISTRAR'S SIGNATURE

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15M 10/57



2370

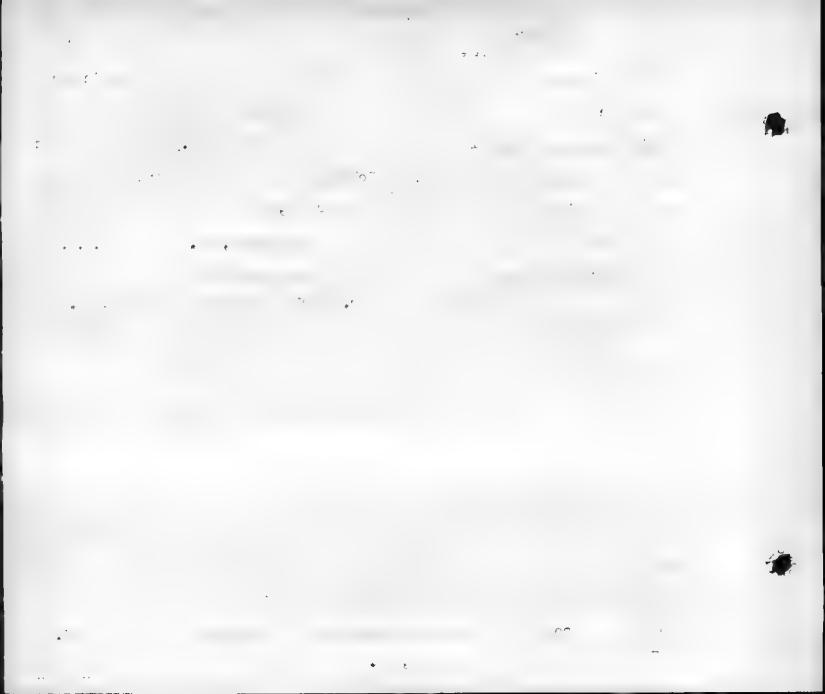
· · X · -

CERTIFICATE OF DEATH

Reg. Dist. No. 302

	o. COUNTY Was:	hington	MARYLAN	O STATE	ICE (Where deceased in Yland	b. COUNTY		hingt	
		outside corporate limits, wi orest town)	e. LENGTH OF STAY IN 1	b c. CITY OR TOV	VN (if outside corporote gerstown	e limits, write Ri	JRAL and give	nearest low	n}
2	OR INSTITUTION	n County Hospital			d STREET ADDRESS 205 East Lincoln Ave.				
	3 NAME OF DECEASED (Type or print)	First Linda	Middle Sue	Delouncy	4. DATE OF DEATH	Mont	h CHATY	Doy 19	Yeor 19 59
	5 SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8 DATE OF BIRTH		AGE (In years lost birthday)	IF UNDER 1 Y		17
	during most of work	N (Give kind of work done ing life, even if retired)	106 KIND OF BUSINESS OR IN	DUSTRY 11 BIRTHPLACE		200		N OF WHA	T COUNTRY
	13. FATHER'S NAME	ne		14. MOTHER'S MA	agerstown,	PKI •		U.S.A	•
	Cla	arles Deloune	sy .	Be	tty Jane K	elly			
		IN U.S. ARMED FORCES?		Mr. Char	les Deloun	ey Hag	erstown	n, Md.	
		H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ty, which The diote (b)	Prenote	dela 7		Et John John		S Ch	ETWEEN) DEATH
	CATIC	S UNDERLYING 206.	DESCRIBE HOW INJURY OCCU				EN IN PART 1(PERF	AUTOPSY ORMED?
	UF EITHER, NOTIFY	Month, Day, Year 2	0d. INJURY OCCURRED 20e thile Not while work 0 si work	PLACE OF INJURY (Hon factory, street, office blo	ne, form, 20f. (City or dg., etc.)	town)	(Cov	nty)	(Slole)
1	olive on	of I offended the dec		19.55., 1 oth occurred at 9.				date stot	ed obove
	220. BURIAL, CREMATION REMOVAL (Specify)	- 4 4 4-	27. NAME OF CEMETER		**	N (City, town, o	r county)	(Sto	rte)
	Burial	2/20/1959	Rose Hill ADDRESS		Hager		TRAR'S SIGNA		d.
		r Funeral Ho	Magerstown.		TE FEB 2 4 5			Fines	

VS A15 (4) 15M 10/57



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Wit.	M)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2371

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	Washington		MARYLAND	li o. STATE .	Maryl	_	ed. If institution; Resid b. COUNTY	dence before		
b city or fown RURAL and give Hagers to	(If outside corporate film nearest lawn)	ils, write	c. LENGTH OF STAY IN 16	H .	town (if a		limits, write RURAL on	id give neore	ist fown)	
OR INSTITUTIO	PITAL (If not in hospital, N County Hos			d STREET		ashingto	on Street		IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	AUGUSTUS	rsl	Middle FREDERICE	DIENE		4. DATE OF DEATH	Month February	Day 8	Yeor 19 59	
5. SEX Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT			AGE (In years IF UND last b rinday) Month:		Hours Min.	
Retired	rorking life, even if retired	done 10b.	KIND OF BUSINESS OR INC	Wil	liams	port, Pe	nnsylvania		MHAT COUNTRY	
13 FATHER'S NAME				14. MOTHER'S		-				
	ugustus F.				Jesepl	hine Kar				
15. WAS DECEASED E (Yes no or unknown)	(It has dive man or gouse of	sennice)		informant Irs. Bertl	ha E.	Diener	Address Hagerst	own, l	Mile	
	EATH [Enter only one o	ouse per lis	ne far (a), (b), and (c).)	•					VAL BETWEEN T AND DEATH	
PARI I. D	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1 /4	preuso	one				2	days	
610 X	DUE TO	O	handate.	ful a	0				0	
Conditions, if	immediate	1-1	yn place	rigge	you	anca			18.	
Couse (a), statis	ng the <u>under-</u>	1	wit	h hen	rezz	chogl	•	6	mos.	
CAT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DECEMBER 11.									
OR CONTRIBUTION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBÉ HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
ZOc. TIME OF INJ	10	While	NJURY OCCURRED 20e. Nat while t of work	PLACE OF INJURY (factory, street, office	Home, farm e bldg., etc.	, 20f. (City or .)	lown]	(County)	(State)	
21. I certify	that I attended the	decease	ed from Bune	30 . 1958	, to 7	el 8	, 19_5 7,that	Llast saw	v the deceases	
alive on	721-8	12.	9 and that dea		8 10	P.M. fram I	ne causes and an	the date	stated above	
ACTUAL SIGNATURE	repl	6	brisp &	20 /	1/05	ADDRESS (Street	city or town, stotel		DATE SIGNED	
PHYSICIAN'S NAME (Type)	Joseph C	. Cr	isp. M. D.			(<u> </u>		P VO GP das der SSS das des des ver ver ver ver	
22a. BURIAL CREMAT	ON, 226. DATE THEREG)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATION	(City, town, or county	1)	(State)	
Purial	2/11/19	59	Rest Haven	Cemetery			Etown,		rland	
23 FUNERAL DIRECTO	or's signature exer. Funeral.	Home	ADDRESS	Wa		D BY REGISTRAR				
73.00.	a distant	11040	Hagerstown.	Md	LOATE B	1 3 '59	C -1 m 8	Mented		

7*

ADDRESS

24b. REGISTRAR'S SIGNATURE

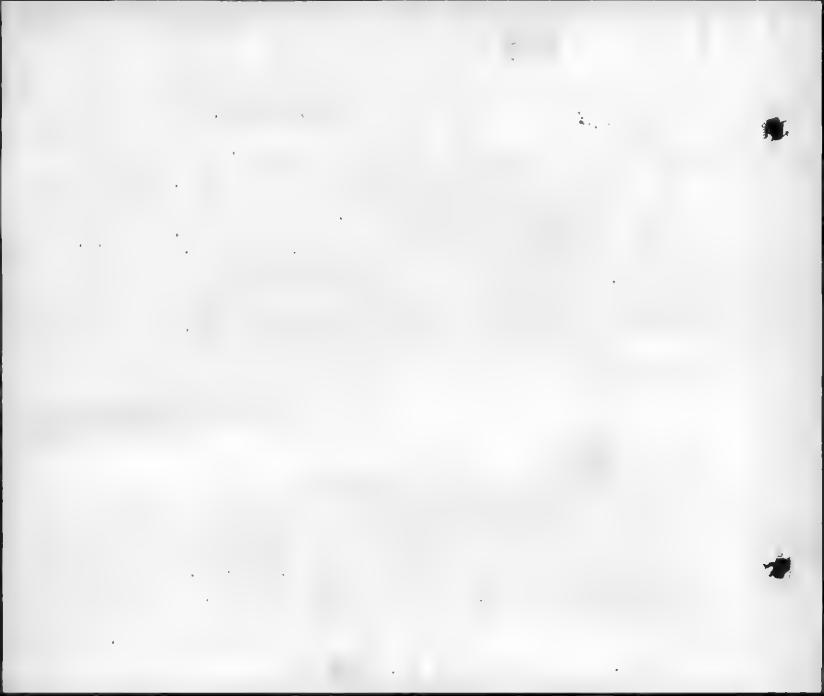
Circhar & Frank

240, REC'D BY REGISTRAR

V5 A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE

Andrew K. Coffman Hagerstown Md.

Page



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02367

2373

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Washington MARYL	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) ### STATE
	Maryland Washington
b CITY OR TOWN (f autside carporate limits, write RURAL and give nearest town)	
nagerstown 10 Days	Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Wash, County Hospital	1505 Fountain Hd. Road ON A FARM?
3 NAME OF First Middle	Lost 4. DATE Month Day Year
	EASTERDAY DEATHFebruary 14 1959 19
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)	
Service Engineer Pangborn Co	rp. Frederick, Frederick Co USA
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
William Easterday	Cecelia Gillis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	17, INFORMANT Address
	rs Isabell H. Easterday 1505 Ft Head Rd
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) }	Hagerstown Md. Interval Between
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACU te Coro	ONSET AND DEATH
1/201	
Conditions, if ony, which) (b) anterio sc/2/2	sticl coronary) heart dis Ease 21/2 years
gove rise to immediate!	The state of the s
cause (a), stoting the under bying couse lost.	
E CONTROLLING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	CURRED (Enter nature of injury in Port 1 or Port II of item 18)
	De. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 White Not while of work of work	foctory, street, office bldg , etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased fram,	576, 1956 to 2714, 1957, that I last saw the deceased
alive an 7/4, 19 19, and that d	eath accurred at a cost A.M. from the causes and an the date stated above.
	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE John STI tom halves	M.o 154 West Washington St., 2:16:59
PHYSICIAN'S John H. Hornbaker, M.D.	Hagerstown, Md.
220 BURIAL, CREMATION, 226 DATE THEREOF 22c, NAME OF CEMETE	
Burial 2/17/59 Rest Have	n Cemetery Hagerstown Wash. Co Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE
Andrew K. Coffman Hagerstown Md	



u536)

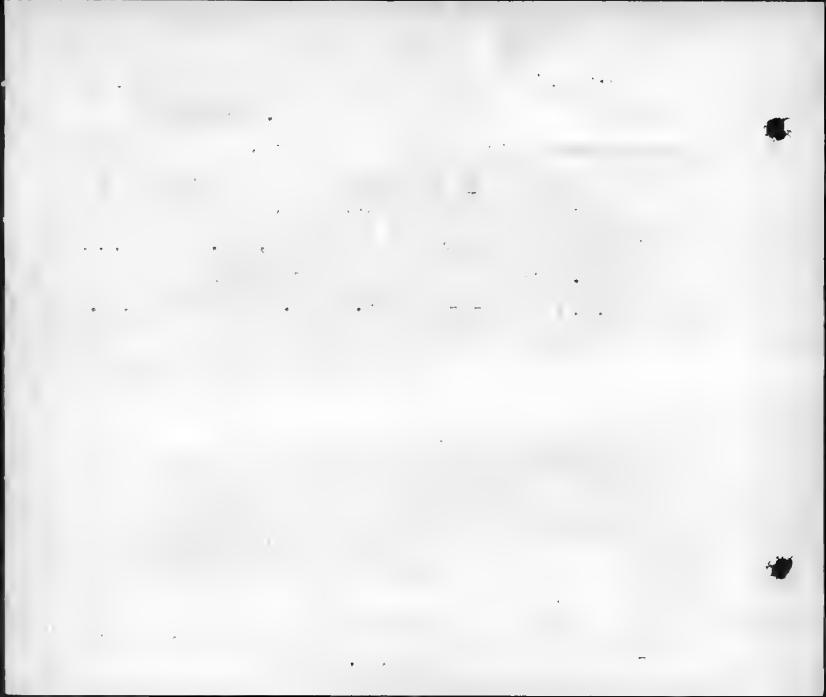
2374 CERTIFICATE OF DEATH

Reg.	Dist.	No.	302
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- L	_											-	
1		PLACE OF DEATH				2 USUAL RESID	ENCE (WI	nere deceased lived.	If institution	Residence be	fore odmi	ission)	
and the state of t			shington		MARYLAND		Mary	<u>land</u>		Washir	agton	l .	
		 CITY OR TOWN (If RURAL and give nec 	outside corporate fimils	i, write	c. LENGTH OF STAY IN 15	c. CITY OR 1	OWN (IF	outside corporate lin	nits, write RUR	IAL and give n	neorest toy	wn)	
		Hagerstor	·		1 day		142 1	I. Potoma	c Street	et			
1		OR INSTITUTION	(If not in hospital, gr	ve street o	ddress)	d. STREET A	d. STREET ADDRESS					B IS RESIDENCE	
1		Washington	a County Ho	spit	11	Has	erst	own,			YES NO		
	3	NAME OF DECEASED	First	1	Middle	Los		4. DATE	Month		Day	Yeor	
		(Type or print)	JAMES		CRAIG	ELLIOTT			bruary	7	17	19 59	
	5	SEX	6. COLOR OR RACE	7. MARRI	ED A NEVER MARRIED	8 DATE OF BIRTH				Months Davi	~-		
	M	ale	White	WIDOWE	D DIVORCED	Septembe	r 18,	, 1893 ""	65 m	Months Days	s Hours	s Min	
	10a	during most of worki	N (Give kind of work ding life, even if retired)	one 10b. I	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Stole	or foreign country)		12. CITIZEN	OF WHA	T COUNTRY	
		Shipping o		Foundry Wel:			an. Penn.		U.	S.A.			
1	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN I	NAME	-				
1		Fran	ak T. Ellio		Mary	Alie	ce Hacker						
		WAS DECEASED EVER	IN U.S. ARMED FORCE	-creat		INFORMANT			Addres				
		Yes I	J. W. I	57	8-07-3459	Hrs. Hele	n B.	Elliott	Hagers	town, !	Md.		
		18. CAUSE OF DEAT	IH [Enter anly one cou	se per lin	e for (0), (b), and (c)]					110	NTERVAL B	BETWEEN	
		PART I DEAT	H WAS CAUSED BY:		Coronary T	hrombos:	is				16	hrs.	
		400.1	DUE TO									102 10 8	
		Conditions, if on											
		gove rise to im	mediote								,		
		lying couse lost.	(c).										
											19. WAS	AUTOPSY	
0	CATION				None.					PERFORMED?			
	CERTIFI	20g ACCIDENT WAS	UNDERLYING []	20b. DESC	RIBE HOW INJURY OCCURRI	ED. (Enter nature a	injury in	Port I or Port II of i	tem 18.)				
	CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
	CAL	20c. TIME OF INJURY	Month, Day, Year	20d IN				, 20f. (City or low	n)	(Count	ly)	(Stote)	
	MEDICAL	Hour o. m. p. m.	19	While of work	Not while to	octory, street, office	bldg., etc	.)					
	_		at I attended the			7 1059	to E	eb. 17,	1059	No. of Library			
		glive on Fe			ond that death		3 • 571	PAREL HILL	., 17.92.,	rnar i lasr	saw me	decease	
		dive on		/123	Land that dear	n occurred at:		<u></u> w., trom tne ADDRESS (Street, ci				ited abov Date signe	
		ACTUAL	120	1	Toll!	119 1		h Potoma		-	-	1959	
1		SIGNATURE			0,100	M D====	101 01	1 1 0 00111	10 00	2.50	, 10	11000	
/		PHYSICIAN'S NAME (Type)	R.A.B	Bell.	M.D.	Ha	ager	stown, 1	(arvla	ind.			
	220	BURIAL, CREMATION			22c NAME OF CEMETERY C					*			
	240	REMOVAL (Specify)		959	Rose Hill Co			22d LOCATION (ote)	
	22	FUNERAL DIRECTOR'S		777	ADDRESS	che cet A	04. BEC	Hagers		RAR'S SIGNAT	Maryl	,and	
	43.	Suter Rous	er Funeral	Home	Hagerstown	Mde		B 2 4 '59			antil.		
		A company of the company of			******	y	DATE -	En the second		v			

uneral director. Id be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be retained the hospital ar attending physicion.

10 FUNERAL DIF OR: After this certificate has been signed by the attending physician and completely filled in by page 3 should 1 delached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 the registrar prior to buriot, cremation, ar removal, and in any event within 72 hours offer death. VS A15 (4) 15M 10/57



ARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
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		MAKIBATAD				0.5.480
		2421	CERTIFIC	ATE OF DEATH	1 ,	leg. Dist. No.
1. (PLACE OF DEATH				nere deceased lived. If institutions	Residence before admission)
1	WASHINGTOI	U	MARYLAND	MARYLAN	b. COUNTY	SHINGTON
	b. CITY OR TOWN (If outsi		C. LENGTH OF STAY IN 15	A 44 54 5 44 444 4 4 1	outside corporate fimits, write RUR	102122102021
	RURAL and give nearest	fown)				
-		DVE RURAL not in haspital, give street i	38 YEARS	J. J. CUST	GROVE RUR AL	. IS RESIDENCE
	ROURTRSV.			ROHRERSV	TLLE MD.ROUTE	ON A FARM? YES NO
3.	NAME OF	First	Middle	Lost	4. DATE Month	Day Year
	DECEASED (Type or print)	EARL	T	SHELMAN	DEATH FEBRUARY	7 16 1959 19
5. :	SEX 6 C		ED NEVER MARRIED	B DATE OF BIRTH	9. AGE (in years IF	UNDER TYPAR IF UNDER 24 HRS.
	MALE V	VHITE WIDOWI		OCTOBER 30	1882 76 yrs.	Aonths Days Hours Min.
100	. USUAL OCCUPATION (G	ive kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRYS
	NONE	e, even ii remedj	NONE	CANTON I	LLINOIS	U.S.A.
13.	FATHER'S NAME		and and the house	14. MOTHER'S MAIDEN I	NAME	
	MARTIN F	ESHELMAN		AMELIA	DEWITT	
	WAS DECEASED EVER IN L	J. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
{Ye	NO (If yes,	give war or dates of service]	NE	ISS MARTHA	HAYNES ROHREF	RSVILLE MD.
=		Enter only one cause per lit		TIDD VARITUR	/	INTERVAL BETWEEN
	PART I. DEATH W		Tani	- 11/1/11	land a 'm	ONSET AND DEATH
	420.1 IMM	EDIATE CAUSE (o)	Colon.	eith Voltat	Thurse	Shintule.
	400,0	DUE TO				
	Conditions, if ony, w					
	gave rise to immed cause (a), stating the ye					
	lying cause lost.	(c)				
CERTIFICATION	PART II. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	I IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
Ĕ	20a. ACCIDENT WAS UN	DERLYING [] 206 DES	CRIBE HOW INJURY OCCURE	RED. (Enter nature of injury in	Port I or Part II of item 18.)	
8	OR CONTRIBUTING CO.	AUSE OF DEATH CAL EXAMINER)				
	20c, TIME OF INJURY M		NJURY OCCURRED 20e. I	PLACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (Slate)
MEDICAL	Hour a.m.	19 While at wor	Not white	actory, street, office bldg., etc		,===,,
	21. I certify that I	attended the deceas	ed from / OF 1/2	1957 15/	16 16 195%	that I lost saw the deceased
	olive on Jel	-16 10	7	h occurred at & P.		d on the date stated obove
1	ONTO ON LIVE SELECT	la de			ADDRESS (Street, city or town, ste	
	ACTUAL SIGNATURE	1, Ch, ZL	1077	M.D	20742 bow	2/17/54
		1111		V	()	
	PHYSICIAN'S NAME (Type)	J- WI HEU	am		<i>У1.</i>	14.
22		26 DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, ar	county) (State)
	REMORAL Approision	FEB.19 1959	LOCUST GRO	OVE CEMETERY	LOCUST GROVE	WASH.CO.MD.

240. REC'D BY REGISTRAR

DATE FED 2 5 '59

24b. REGISTRAR'S SIGNATURE

arthur & Knows

ADDRESS

VS A15 (4) 15M P/55

23. FUNERAL DIRECTOR'S SIGNATURE



2375

CERTIFICATE OF DEATH

Rea. Dist. No.

O	(1)	0	7	ı
,	4	Ũ	1	ŧ

DECEASED COLOR OF RACE 7 MARRIED NEVER MARRIED S. DATE OF BIRTH Pob. 22 1959										
E. CITY OR TOWN, If coulded corporate limits, write a CLENGTH OF STAY IN 16 TRUAL and give nearest town) REPORT STOWN If some nearest town I 2 years A NAME OF STATE (If not in hosphool, give sitered address) I 5.5 S. Mulberry Street I 6. STREET ADDRESS Keedysville RPD A STREET ADDRESS Keedysville RPD A STREET ADDRESS Keedysville RPD A STREET ADDRESS Keedysville RPD A STREET ADDRESS SET A COUGO OF RACE I 7 MARRIED NEVER MARRIED STATE OF BIRTH Reb. 22 1959 SEE A COUGO OF RACE Male White Whower B DOVORCED Sept. 28 1885 TO STATE OF BIRTH Reb. 22 1959 SEE A COUGO OF RACE Male White Whower B DOVORCED Sept. 28 1885 TO STATE OF BIRTH Reb. 22 1959 SEE A COUGO OF RACE NO STREET ADDRESS Keedysville RPD A STREET ADDRESS Keedysville RPD A STREET ADDRESS Keedysville RPD A STREET ADDRESS Sept. 28 1885 TO STATE OF BIRTH Reb. 22 1959 S. AGE (in page) (Entropy) Magning Property Management of Birth Reb. 22 1959 S. AGE (in page) (Entropy) Magning Property Management of Birth Reb. 22 1959 S. AGE (in page) (Entropy) Magning Property Management of Birth Reb. 22 1959 S. AGE (in page) (Entropy) Magning Property Management of Birth Reb. 22 1959 S. AGE (in page) (Entropy) Magning Property Management of Birth Reb. 22 1959 S. AGE (in page) (Entropy) Magning Property Management of Birth Reb. 22 1959 S. AGE (in page) (Entropy) Magning Property Management of Birth Reb. 22 1959 S. AGE (in page) (Entropy) Magning Property Management of Birth Report Management o	b. COUNTY	ashington	MARYLA	II o STATE						
A NAME OF INSTITUTION. 15.5 S. MULDERTY ISTREET Middle	RURAL and give negrest town)									
d. STREET ADDRESS Mount of Hugh Notice N				X K	. [Kirovha	तसस				
1.5. S. Mulberry Street Acedysville Ace	d NAME OF HOSE	ITAL (If not in haspital, pive:	street oddress)							
DEFENSE OF COLOR OF RACE 7 MARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE (In years FUNDER 1 YEAR) FUNDER 22 1959 5 SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED S. DATE OF BIRTH	155 S.	Mulberry St	reet	/ Ke	edysvill	e RFD	YES NO C			
COURT Hugh Coliver Fisher DEATH Feb 22 1959 Fisher DEATH Fisher DEATH Fisher DEATH Fisher DEATH Fisher DEATH Fisher DIVORCED	3. NAME OF DECEASED	First	Middle	Lost		Month	Day Year			
Male Windows of work done loss kind done loss kind						Feb.	22 1959			
The Stand Occupation Give kind of each done and grown of the stand of foreign country) Rettarm owner and retrieved purpose of working the each done of the standard owner of the standard owner of the standard owner of the standard owner of the standard owner of the standard owner o	5 SEX	6 COLOR OR RACE 7	MARRIED T NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years III	THE RESIDENCE OF THE PARTY OF T			
Catherine County	Male	white w	DIVORCED [∃ Sept. 2	8 1885	73 7/3.	Menths Poys Hours Min			
12. FATHER'S NAME	100 USUAL OCCUPAT	ION (Give kind of work done	106 KIND OF BUSINESS OR I	NDUSTRY IT BIRTHPLA	CE (State or foreign co	unfry)	12 CITIZEN OF WHAT COUNT			
12. FATHER'S NAME	Ret d Far	om Owner	Farming	Eakle	s Mill Me	a.	U.S.A			
John A. Fisher Catherine Kefauver 15. WAS DECEASED EVER IN U. S. ABMED FORCES? In the control of the control	13. FATHER'S NAME		1							
13. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO 17. INFORMANT 12 19 19 19 19 19 19 19	Jo	hn A Fiche	an			Kefau ve r				
18. CAUSE OF DEATH [Enter only one course per line for (a)-(b), and (c)-] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gover rise to immediate course (o), stoining the under-lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AULTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AULTOPSY PERFORMED? PERFORMED? 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Port I or Port II of item 18] 20c. TIME OF INJURY Medical Examiners 20c.	15. WAS DECEASED EV	ER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO							
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate course (b), storing the under course (b), storing the under lying course lost Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY PERFORMEDY YES NO E3 OR ACCIDENT WAS UNDERLYING AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY PERFORMEDY YES NO E3 OR ACCIDENT WAS UNDERLYING AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY PERFORMEDY YES NO E3 OR ACCIDENT WAS UNDERLYING AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY PERFORMEDY YES NO E3 OR ACCIDENT WAS UNDERLYING AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY YES NO E3 OR ACCIDENT WAS UNDERLYING AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY YES NO E3 OR ACCIDENT WAS UNDERLYING AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY YES NO E3 OR ACCIDENT WAS UNDERLYING AUSE OF DEATH IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY YES NO E3 OR ACCIDENT WAS UNDERLYING AUSE OF DEATH IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY YES ON TO E3 OR ACCIDENT WAS UNDERLYING AUSE OF DEATH IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY YES ON TO E3 OR ACCIDENT WAS UNDERLYING AUSE OF DEATH IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY YES ON TO E3 OR ACCIDENT WAS UNDERLYING AUSTRAL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY YES ON TO E3 OR ACCIDENT WAS UNDERLYING AUSTRAL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY YES ON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19 WAS AUTOPSY YES ON TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)	NO unknown	NO NO	215 20 8561	Mrs. Alt	ert Bowe	rs Hage	ourth Atreet			
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gave rise to immediate couse (a), storing the under lying couse (a). Storing the under lying couse (as) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES ON CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINE) 20c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINE) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of		11 2 1 mil 22 1 freeze								
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20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED White of work of wor	couse (o), statin	couse (o), stoling the under-								
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED White of work of wor	PART II. O	THER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	HE TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPS PERFORMED?			
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED White of work of wor	5						YES NO			
21 certify that last saw the deceased from Jebs. 1954, to Jebs. 1954, that I last saw the deceased alive on Jebs. 1959, and that death occurred at Jebs. My from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ALL CONTROL OF CEMETERY OF CREMATORY BUTCHERS (Types) PHYSICIAN'S Philip J. Hirshman, M.D. PHYSICIAN'S Philip J. Hirshman, M.D. 20 BURIAL CREMATION (City, town or county) (Stote) BUTCH STREET DESCRIPTION (City, town or county) (Stote) BUTCH STREET DESCRIPTION (City, town or county) (Stote) Sharpsburg Faryland		VAS UNDERLYING [] 206 IG [] CAUSE OF DEATH Y MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Port F or Port	II of item 18)				
alive on	Hour a.m	10	White Not white	e. PLACE OF INJURY (H factory, street, affice	ome, farm, 20f. (Cily bldg , elc.)	or tawn)	(County) (Stat			
alive on	21 L certify	that leattended the de	ceased from Jeb	1 1054	10, 126.2	2. 10/7	that I last saw the door			
ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) DATE SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (STREET, city or town, stote) ACTUAL SIGNATURE ADDRESS (STREET, city or town, stote) ACTUAL SIGNATURE ADDRESS (STREET, city or town, stote) ACTUAL SIGNATURE ADDRESS (STREET, city or town, stote) ACTUAL SIGNATURE ADDRESS (STREET, city or town, stote) ACTUAL SIGNATURE ADDRESS (STREET, city or town, stote) ACTUAL SIGNATURE ADDRESS (STREET, city or town, stote) ACTUAL SIGNATURE ADDRESS (STREET, city or town, stote) ACTUAL SIGNATURE ADDRESS (STREET, city or town, stote) ACTUAL SIGNATURE ADDRESS (STREET, city or town, stote) ACTUAL SIGNATURE ADDRESS (STREET, city or town, stote) A		LUL 180-	FG	, , , , , , , , , , , , , , , , , , , ,						
ACTUAL SIGNATURE ALL M.D. 159 W. Washington St., Hagerstown, Md. 2/23/ PHYSICIAN'S Philip J. Hirshman, M.D. 20 BURIAL CREMATION, 276. DATE THEREOF BREMOVAL GREMATORY BUTLE Specify Feb. 25-59 Mt. View Cemetery Sharpsburg Haryland 23 CHARGE OF PROJECT BY SIGNATURE AND ACCOUNTS SHOWN THE CONTRACT S	dive on	top de la constant de	izzzzz, and that de	ann occurred at	0 1					
PHYSICIAN'S Philip J. Hirshman, M.D. 70. BLEMOLAL CREMATION. 70. DATE THEREOF Philip Feb. 25-59 120. NAME OF CEMETERY OR CREMATORY SHENATURE PROJECTORY SHENATURE PARTY SIGNATURE 71. PLANTER DIRECTOR'S SUBNATURE PARTY SIGNATURE	ACTUAL /	k, l , V/2, 84	11112.1	7 CO W	•					
PAME (Type) FILLIP 3. HITSHIPEH, M.D. 20. BURIAL CREMATION, 725. DATE THEREOF P.C. NAME OF CEMETERY OR CREMATORY BURIAL Specify Feb. 25–59 Mt. View Cemetery Sharpsburg Haryland 22. PROCEED BY PROJECTORY SIGNATURE 23. PROJECTORY PROJECTORY SIGNATURE	SIGNATURE	007. 7771516	cores, [.	M.D. <u>127 №</u>	Mashington	n St., Hage	erstown, Ma. 2/2			
Burial Feb. 25-59 Mt. View Cemetery Sharpsburg Haryland		Philip J. Hir	shman, M.D.							
BREADYN GREEN Feb. 25-59 Mt. View Cemetery Sharpsburg Maryland	220 BURIAL CREMATI	ION. 226. DATE THEREOF	22c NAME OF CEMETE	RY OR CREMATORY	22d LOCAT	ION (City, town or	county) (Stote)			
23 MINISPAN DIRECTOR'S SIGNATURE A 212 A CALLED AND AND AND AND AND AND AND AND AND AN	Burial Specif	" Feb. 25-	59 Mt. View	Cemetery						
West Leaf Williamsporty 10 DATE FEB 25'59			10/ADDRESS	mel	DATE DECID BY DECISTS	AD 245 DECISTS				
	Albert	Leof W.	elleomaport;	Ma	DATE FEB 2 5 5	9	of Old Ass			

TO HOSPITAL OR ETTENBINE THYSICIAN: The law remains that the death certificate be exemuted within 24 hams after diath. Page II may be retain.

10 FUNERAL II OR: After this certificate has been signed by the attending physician and campletely filled in be page 3 shaul.

10 FUNERAL II OR: After this certificate has been signed by the attending physician and campletely filled in be page 3 shaul.

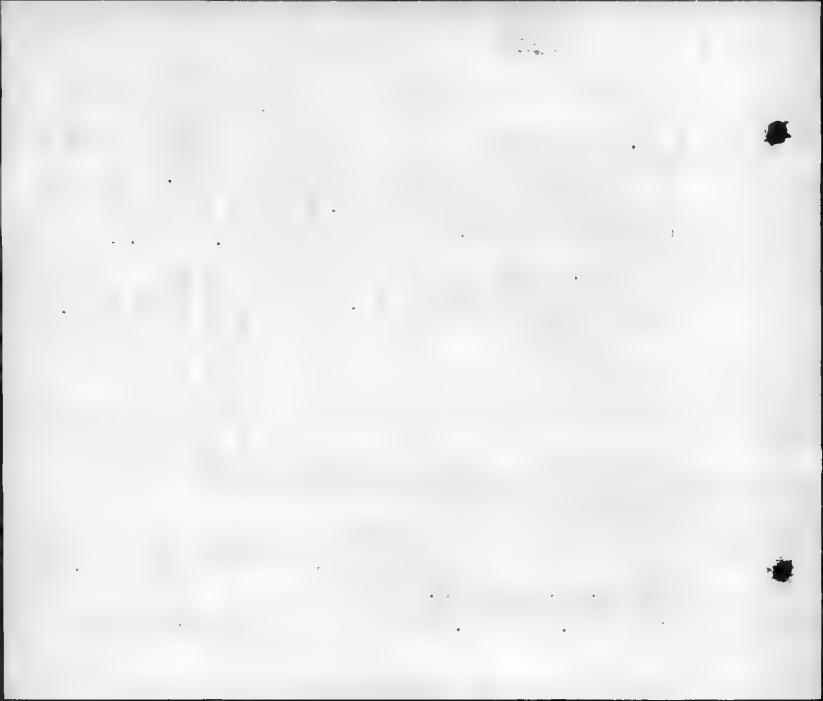
11 Figure 12 shaul.

12 Fourist of the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

N. Figs

funeral director.

VS A15 (4) 15M 9/5S



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COMMISS	popers.	eoth.
and and	use remove carban papers.	s after deal
3 physic	гета	n 72 hours
Ě	Se	<u>-</u>

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2376 **CERTIFICATE OF DEATH**

	1. PLACE OF DEATH 0. COUNTY Washington MARYLAND		YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE Maryland b. COUNTY Washington								
	b CITY OR TOWN (III RURAL ond give no Hagerstown	arest lown)	nils, write c	LENGTH OF STAY	11	e. CITY O	Hagers		ate limits, write A	IURAL and give	nearest town)
	d NAME OF HOSPITA OR INSTITUTION Washington			,		61 1	ADDRESS lorth A	lve.				DENCE FARM? NO
	3. NAME OF DECEASED (Type or print)	ANNA	ırsl	Middle Mi		GEAR	ast	4 DATE OF DEATH	Mor Febru		/	ear 9 59
	5 SEX Female	6. COLOR OR RACE	7. MARRIEL	NEVER MARE		DATE OF BII		1882	9 AGE (In years last birthday) 76 yrs.	Manths Day		R 24 HRS Min
	10a USUAL OCCUPATIO during most of work HOUSEWI 13. FATHER'S NAME	ing life, even if retired	dane 10b Ktl d)	ND OF BUSINESS	OR INDUST	Mag	PLACE (State of	a, Mar	untry)	12. CITIZEN	S.A.	COUNTRY?
ı		istopher G	a Bory	er		14			larmen			
	15 WAS DECHASED EVER	IN U. S. ARMED FOR	RCES? 16 SO		0 17 INI	ORMANT	sma g	,4200		ress		
V	No.	If yes, give wor or dotes of		one	M	rs. Mai	geret	Stone	r Hagers	town. M	d.	
	Canditions, if an gove rise to in cause (a), stating t lying cause last.	he <u>under-</u> DUE TO	b)		12 1 C	- h	46101	<u> </u>	Chres		7/1	r \$ 2.m
,	CATIC	ER SIGNIFICANT CON								PART 1(a	PERFOI YES	RMED?
		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY (OCCURRED.	(Enter nature	of injury in Po	arl i or Part	II of item 18.)			
l	ZOc. TIME OF INJURY Hour a.m.	Month, Day, Ye	White _	JRY OCCURRED Nat while of work	20e. PLAC	E OF INJURY ry, street, aff	(Hame, form, ce bldg , etc.)	20f (Cily	or lown)	(Coun	ty)	(State)
	21. I certify the alive an	at I attended the	deceased 19_5				12:40	M, from	the causes of th	and on the	date state	
İ	22a. BURIAL, CREMATION REMOVAL (Specify)	2/21/19		22c. NAME OF CEN				22d. LOCATI	ON (City, town,	,.	(State	1
- 10		7////	50	Rose Hi	lli e:	metery		Na re	rstown	Marrol as	ad .	

и + n, €. . . I . 4 ---- TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

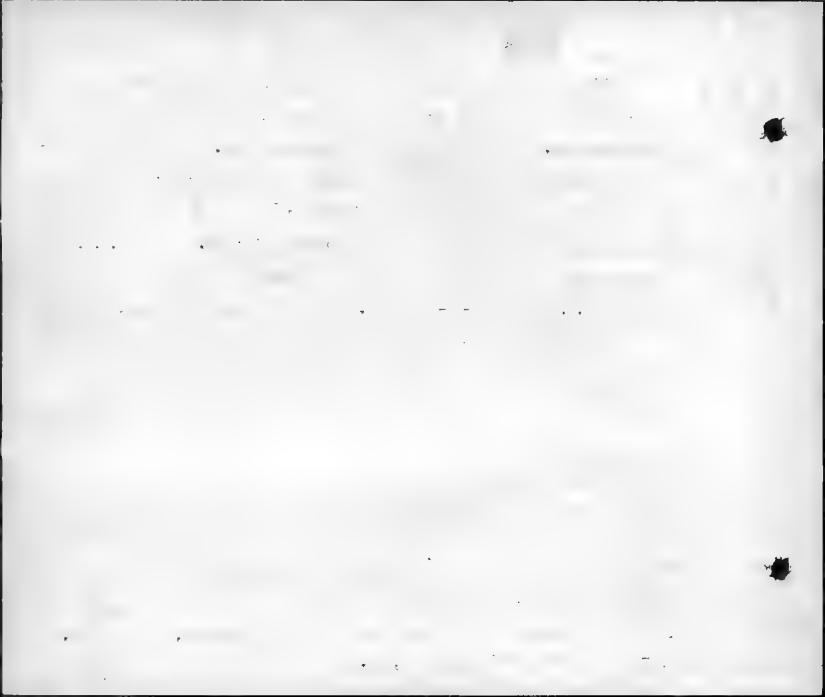
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2377 CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH	2.	USUAL RESIDENCE (When		n: Residence before admission)				
washingten	MARYLAND	o. STATE Maryla	nd b. COUNTY	Washington				
RURAL and give nearest lown)	GTH OF STAY IN 16		Iside corporote limits, write RI	JRAL and give nearest town)				
	2 yelli	Hagers	town					
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	·	d. STREET ADDRESS 830 Potom		e. IS RESIDENCE ON A FARM?				
830 Potomac Ave.				YES NO				
3. NAME OF DECEASED (Type or print) CLITTON	FISK (TBBONS	4. DATE Moni					
5 SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED B D	ATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS				
male white WIDOWED		cember 8, 1	890 lost birthdoy) 68 yrs	Months Days Hours Min				
10a USUAL OCCUPATION (Give kind of work done 10b KIND C during most of working life, even if retired)		11. BIRTHPLACE (Stole of	foreign country)	12 CITIZEN OF WHAT COUNTRY?				
Ratired machinest Rail	road	Poconoke	City, Md.	U.S.A.				
13. FATHER'S NAME	1.	I. MOTHER'S MAIDEN NA	ME					
Moah Gibbons		Mar	y ?					
15. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes no. or unknown) (If yes, give wor or dorse of service)	SECURITY NO. 17, INFO	RMANT	, Addr	ess				
	10-6810 Mrs.	Gertrude G	ibbons Hager	stown, Maryland				
18. CAUSE OF DEATH [Enter only one couse per line for (c	o), (b), and (c).]	1 ^ 2		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	unn	els-l'	mball	ONSET AND BEATH				
4-20.0 DUE TO								
Conditions, if ony, which)	Conditions if any which a a legal to be at the							
gove rise to immediate	gove rise to immediate							
lying couse last.	Course (a), waring the under-							
(12)	BUILING TO DEATH/BUT NO	RELATED TO THE TERMIN	At DISEASE CONDITION CITY	EN IN PART I/O 19 WAS AUTOPSY				
Part II OTHER SIGNIFICANT CONDITIONS CONTRIB	lead und	2-1/2	THE DISCHARE CONTRIBUTION ON	PERFORMED?				
200. ACCIDENT WAS UNDERLYING A V206. DESCRIBE H	OW INJURY OCCURRED, IE	nter nature of injury in Po	rt I or Port II of item 18.)	LES CO HONZ				
200. ACCIDENT WAS UNDERLYING VOB. DESCRIBE HOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Day, Year 20d INJURY C		OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(County) (State)				
Hour o. m. p. m. 19 of work or	lot while twork	sieer, ornes blog., etc.)	İ					
21. I certify that I ottended the deceased fra	ım.	. 19 . to	10	,that I last saw the deceased				
alive on heres seen africe				nd on the date stated above.				
1 - 1 N-11	7 (, 10//00		DBRESS (Street, city or lawn,					
SIGNATURE SIGNATURE SIGNATURE	whip MD.	1135 1	almar	Que 1 mis				
0.11-01	101	/ /	a	0 1				
PHYSICIAN'S PICHOYA 1 151	htord	1-120	fliston,	ing				
DEMOVAL (Specify)	NAME OF CEMETERY OR CR		2d LOCATION (City, town, o	r county) (State)				
Burial 3/3/1959 Re	st Haven Cem	etery	Hagerstown.	Md.				
Contact Description Washington 7 House	DDRESS			TRAR'S SIGNATURE				
Proper Arouser Language Ha	gerstown, Md.	DATE MA	R 5 '58 C	relier S. Flores				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed f **b. COUNTY** MARYLAND death. b. CITY OR TOWN (If outside corporal fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) d. STREET ADDITE d. NAME OF HOSPITAL (IP not in hospital, give street address) OR INSTITUTION 4. DATE OF DEATH 3. NAME OF Middle (Type or print) AGE (In years last birthday) 5. SEX 6 COLOR OR RACE 7. MARRIED [NEVER MARRIED [DIVORCED [WIDOWED | yrs. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 14. RIRTHPLACE (State or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT Address 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY: Coronary arteriosclerosis with thrombosis and xxxx resultant myocardial infarctiom. Conditions, if any, which] gave tise to immediate **DUE TO** cause (a), stating the underlying cause last. (c). 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Not white factory, street, office bldg , etc.) Hour o. m. While at work at work 21. I certify that I attended the deceased from 9/1/ ofive on ACTUAL SIGNATURE 359 E. Baltimore St.

02373

e. IS RESIDENCE

Dov

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

6 hours.

12. CITIZEN OF WHAT COUNTRY?

Davs

ON A FARM? YES NO

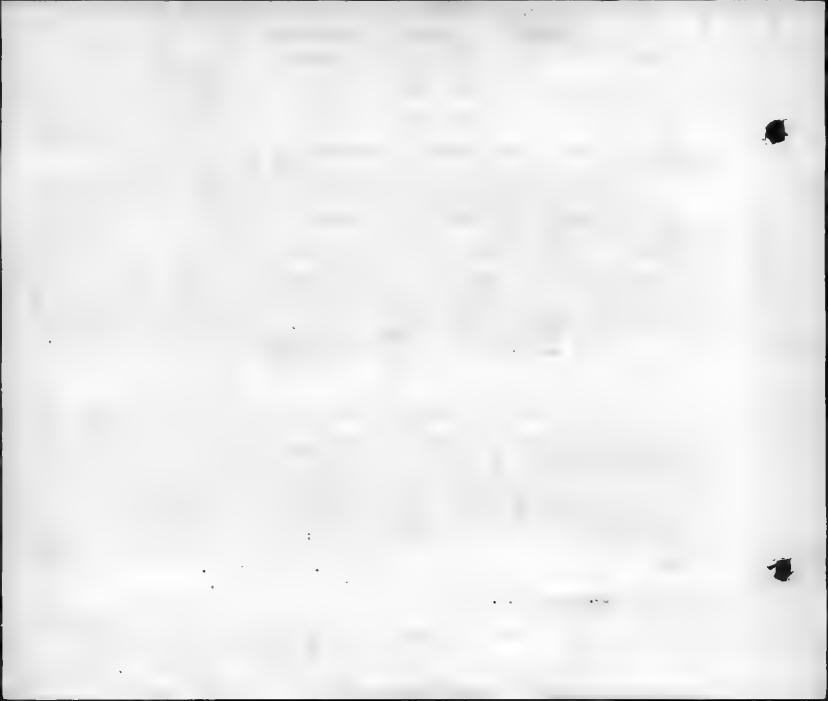
Year

1954

Reg. Dist. No.

Months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMED? YES NOT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) (State) (County) ____, and that deoth occurred ot5:40A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Greencastle. Penna. PHYSICIAN'S NAME (Type) W.C. Brower 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNIFURE REC'D BY REGISTRAR DATEFEB '59 Cultur



I

TO HOLLILL OR ATTINITING PHYSICIAN: The Iom remainments that the demit certificate be executed within 2 hours after death. Pome II

may be retained by the haspital or attending physician.

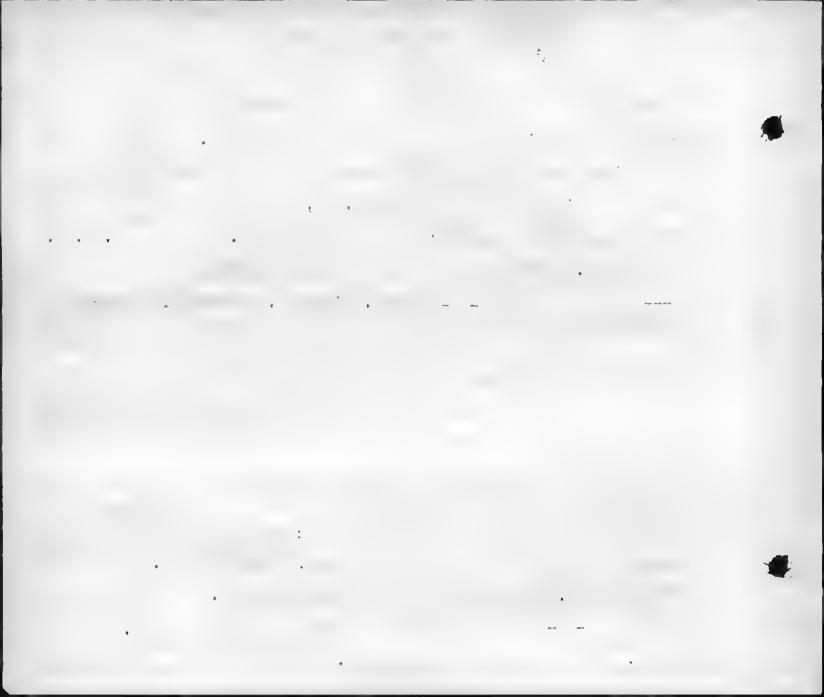
TO FUNERAL DY (OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld of detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours pirat-death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2379

CERTIFICATE OF DEATH

		Keg. Dis	it, No.				
1. PLACE OF DEATH COUNT Washington	MARYLAND 2. USUAL RESIDENCE (Who state Maryl	ere deceased lived. If institution Residence and b. COUNTY Wash	ington				
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH O	ears c. CITY OR TOWN (If o	u'side corporale limits, write RURAL and g	jive negrest town]				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MARCH MANOR NURSING HOME	d. STREET ADDRESS 4442 Mech	anio St.	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print) Singleton Tillbe	Middle Grandstaff	4. DATE OF Month OF PEATH FEBRUARY	11 Year 19 59				
	IVORCED Mar. 23, 18	78 80 rthday) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.				
10o. USUAL OCCUPATION [Give kind of work done during most of working life, even if retired] Machine Sperator Furnitu	L		U. S. A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN N						
Singleton T. Grandstaff	Laura	Carpenter					
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (You no, or unknown) (If yes, give wor or dates of service) 215-18-	1996Mrs. Birtie D	. Granestaff Ha	gerstown N				
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	shoul bemen	rhy.	INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (b) 44 02 4 2 11 11 1							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	12/27/5- JURY OCCURRED. (Enter nature of injury in P		1(o) 19. WAS AUTOPSY PERFORMED? YES NO-R				
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURF Hour a. p	foctory, street, office bldg., etc.	20f (City or town) (C	County) (State)				
21. I certify that I attended the deceased from	72 Dec , 1957, 10	115 16 1955, that 11	ast saw the deceased				
alive on 10 F-M , 19 55 , and							
ACTUAL SIGNATURE LAND DOUGL	ACTUAL ADDRESS (Street, city or town, stole) DATE SIGNED						
PHYSICIAN'S Eldon G. Hoachlander		wn Ma.					
DEAGNICAL (Conneilla)	Chapel Cemetery	22d LOCATION (City, town, or county) Near Luray Va.	(Stote)				
23. FUNERAL DIRECTOR'S SIGNATURE		BY REGISTRAR 246. REGISTRAR'S SIG	NATURE				
Scott F. Minnich & Son Hag	erstown Md. loars FF	FR 1 3 '59 (Jacking 8	the second				

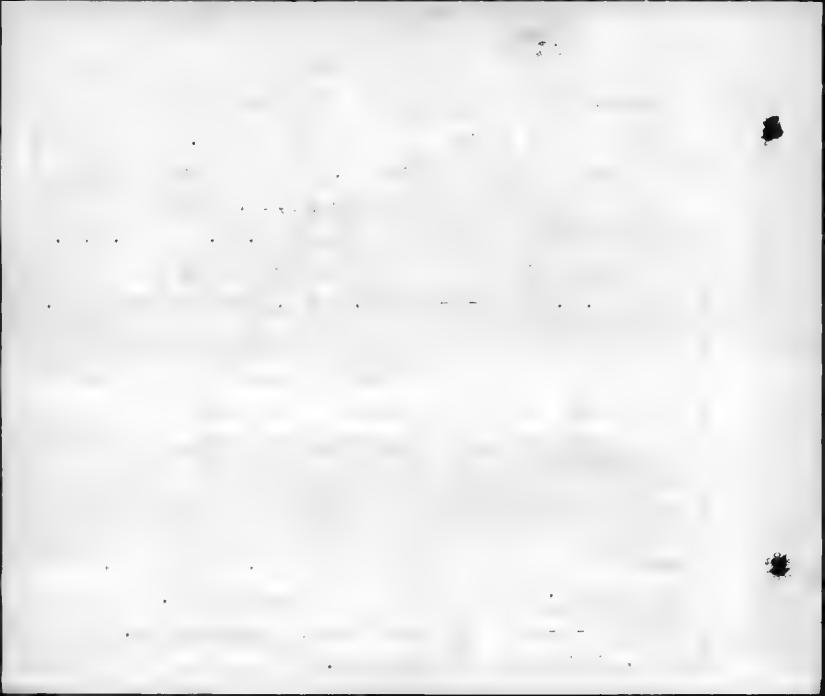




CERTIFICATE OF DEATH

Rea. Dist. Na 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, festionce before admission)
o. STARRYLAND b. COUNTY AShington o. COUNT Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL OF A RETS COWD Hagerstown vears d. NAME OF HOSPITAL (If not in hospital, give street oddress)
Washington County Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? West Side Ave. YES INO IN 3. NAME OF Middle 4. DATE Month DECEASED Newton Grimm Sr. February 59 Agron (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost bightoy) Months Days White Male Fahruary WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Sheet Metal Worker U. S. A. Aircraft Bakerton W. Va. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas Grimm Fowlby Margaret 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes 217-07-0680 Mrs. Mary E. Grimm Hagerstown Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1042 4201 **DUE 10** Conditions, if any, which ! gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO.JA 02074 CCC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) 0. 11. Not while of work of work Este 1955, that I last saw the deceased 19(T), to 21. I certify that I attended the deceased from Alban and that death occurred at ______M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATUR 115 W. Washington St. PHYSICIAN'S NAME (Type) Eldon G. Hoachlander Hagerstown 220. BURIAL, CREMATION, 22b. DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Rest Haven Cemetery Buria Hagerstown 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Scott F. Minnich & Son Hagerstown

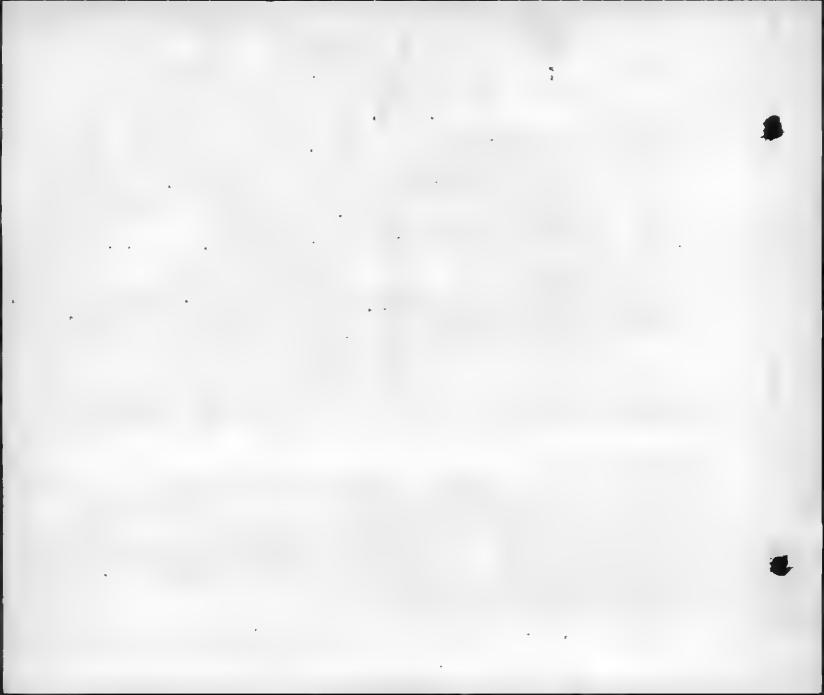
havrs after death. puo haurs permit. any puo **burial-transit** removol, priar O P TO FUNERAL E VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2381 CERTIFICATE OF DEATH Rea. Dist. No. director, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) . COUNTY b county Washington Washington MARYLAND Maryland peral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) yr. 2 mo Hagerstown Williamsport d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE Garlock Memorial Hospital ON A FARMA 106 E. Salisbury Street YES ! NO P 3. NAME OF First Middle 4. DATE Day Year DECEASED Jacob (Type or print) Henry Gruber DEATH Feb. 26 1959 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH RO (porthdoy) White House AALn Male WIDOWED IN DIVORCED [T] 1870 10g USUAL OCCUPATION (Give kind of work done 10b-KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Williamsport Md. Merchant U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Gruber Catherine Brubaker 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANY 4 S. Tonococheague St. Mr. Vernon Gruber 9910 No No Williamsport Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO à Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not white of work of work p. m. 21. I certify that Lattended the deceased from ____that I last saw the deceased and that death occurred at 10 M, from the causes and on the date stated above. DATE SIGNED ACTUAL SIGNATURE 딙 D PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) poge REMOVAL (Specify) 28-59 Riverview Cemetery Feb amsport 0 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

death.

haurs ofter



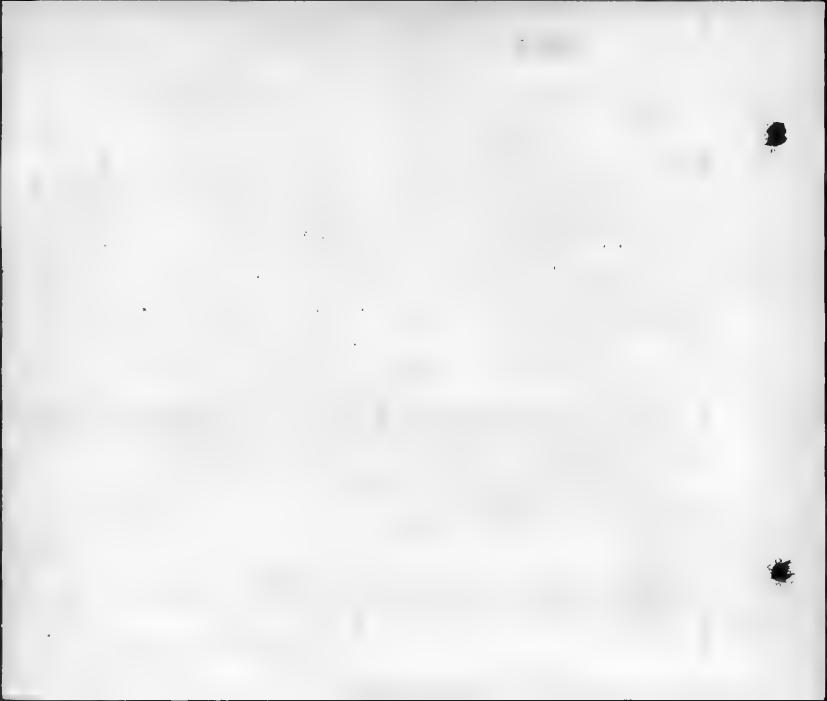


HEALTH—BALTIMORE. 18

MARYLAND STATE DEPARTMENT OF

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

2384 CERTIFICATE OF DEATH

I. PLACE OF DEATH o. COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Penna. b. COUNTYFranklin						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Hagerstown 3 weeks	Waynesboro 75 x - 3						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
Washington County Hospital	156 Ridge Ave. YES □ NO ₩						
3 NAME OF First Middle DECRASED (Type or print) First PS F	Hess Death 2 8 1959						
5 SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS logst birthday) Mgnlhs Days Hours Min						
male white WIDOWED DIVORCED	10/9/1895 lost birthday) Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU							
Machenist Landis Machine	Co. Martinsburg, W. Va. U.S.A.						
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
James Hess	Annie Johnson						
	NFORMANT Address Penna.						
	rs. Ernest O. Hess 156 Ridge Ave. Waynesboro						
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory arres	INTERVAL BETWEEN ONSET AND DEATH						
DUE TO	TON PLATEURS						
Conditions, if any, which) (b) Massive thrombosi	(cerebral):						
gave rise to immediate DUE TO							
lying couse lost. (c) Arteriosclerosis							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 2 NO						
	D. (Enter nature of injury in Part I or Port II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have o. m. p. m. 19 While Not while of work	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) clary, street, affice bldg., etc.)						
21. I certify that I attended the deceased from 1/16	, 19.59 , to 2/8, 19.59 ,that I last saw the deceased						
	occurred at 8:35P. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED						
SIGNATURE 9. F. Molullat	MD. 132 N. Potomac Street 2/9/59						
PHYSICIAN'S A. F. Abdullan, M. D.	Hagerstown, Maryland						
200 BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY O Burial 2/12/1959 Green Hill	R CREMATORY 22d. LOCATION (City, town, or county) (Stote) Waynesboro, Pa.						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE						
Walter y. Strove Waynesto	TO Pa DATE EB 1 3 '59 Criber & Ho						



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Washington . IS RESIDENCE ON A FARM? YES NO TO Day Year 1959 IF UNDER 1 YEAR IF UNDER 24 HRS Doys Hours

Tronto Canada

INTERVAL BETWEEN 13. PERFORMED?

(County)

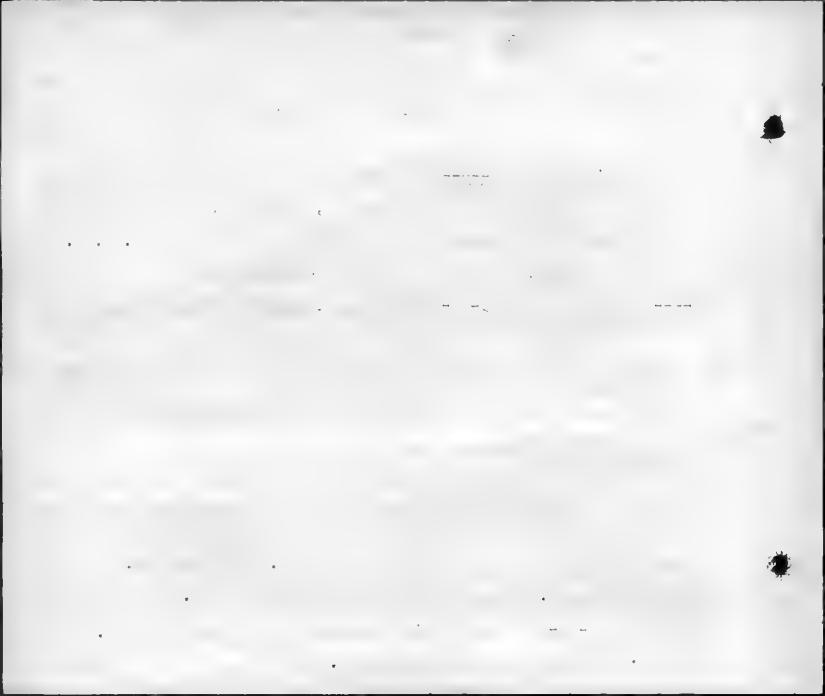
Md

(State)

YES NO

(State)

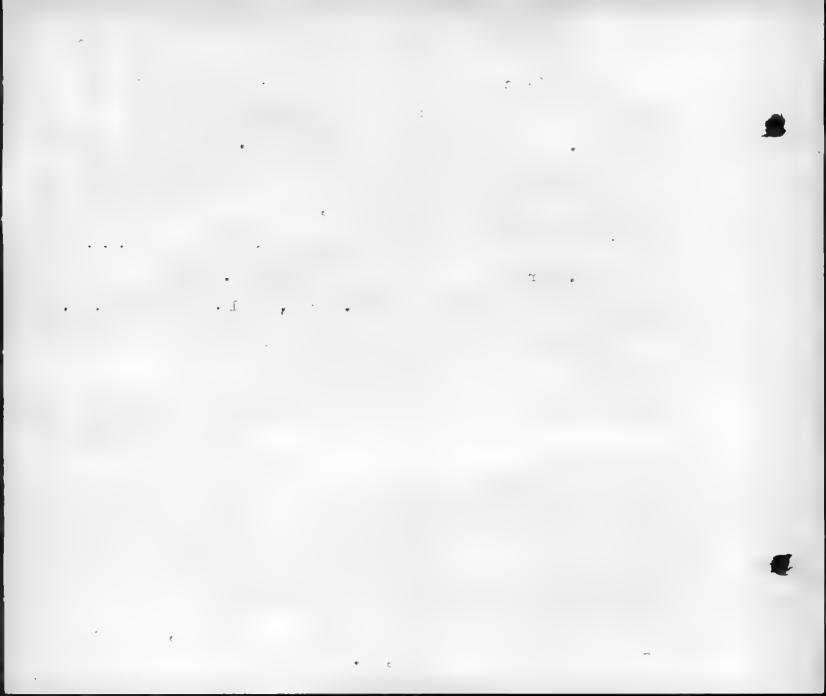
24b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2386

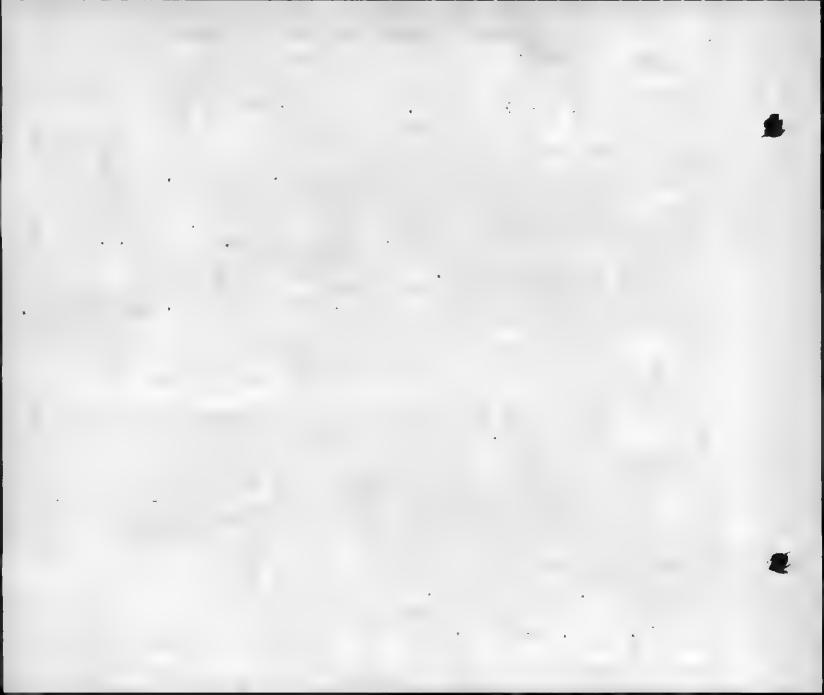
CERTIFICATE OF DEATH

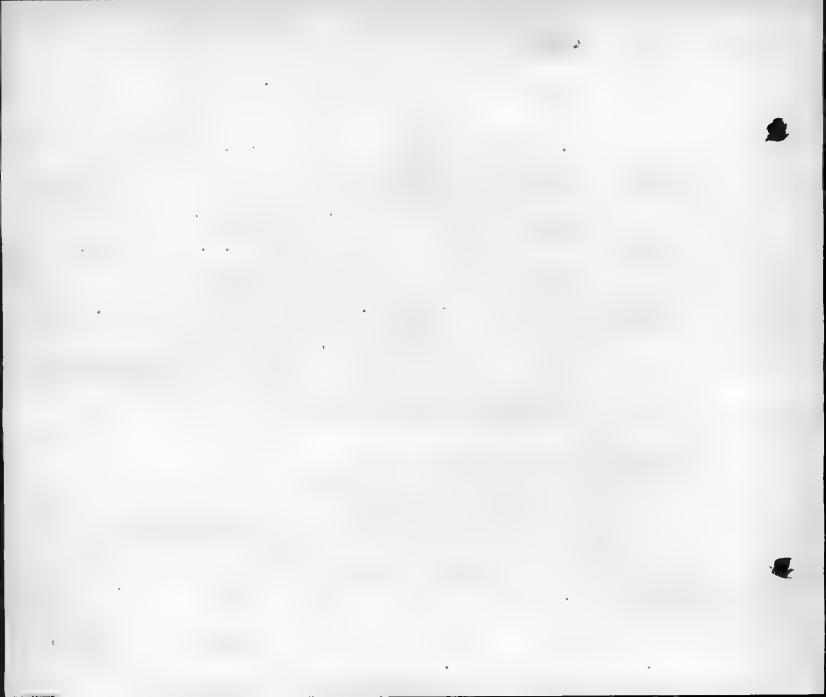
	Keg. 5/51. 110.
1. PLACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE Maryland Description
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hagerstown 34 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 613 Sunset Ave	d. STREET ADDRESS 613 Sunset Ave. 9. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF First Middle DECEASED	Tunelsine 4. DATE Month Day Year OF DEATH February 26 19 59
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH P AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Housewife	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John A. Moore	Margaret J. Martin
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 If	NFORMANT Address
	Miss. Mary T. Humelsine Nagerstown, Md.
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) WHAT X Conditions, if ony, which gove rise to immediate couse (a), storing the under lying cause lost. (c)	e Cardio Vasculai Rescare 15 415
CATE	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. m. 19 While of work of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bidg., etc.)
21. I certify that I attended the deceased from fact 15 olive an feet 25, 1957, and that death	occurred at 7 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 137 (1) LUGS (1997)
PHYSICIAN'S Robert P. Conrad	Hagerstwa, ma
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 2/28/1959 Rose Hill C	
23. FUNERAL DIRECTOR'S SIGNATURE HORRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE



DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. ALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) e. COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate 1 m %, write RUBAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). and give nearest town) HAGERSTOWN HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RE IDEN E ON A FARMS YES NO WASHINGTON COUNTY 3. NAME OF 4. DATE Lost Month Year DECEASED (Type or print) DEATH FEBRUARY 1959 AGE In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HPS last birthday) Months Days Hours Min. WIDOWEDN MALE DIVORCED 62 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? MAINTE ANCE MYERSVILLE FRED.CO.MD.U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NO RECORD ALMA ALEXANDER 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (If yes, give war or dates of service) 20 7150 MRS.ROOSEVELT GILARDI BOONSBORO MD INTERVAL SETWERN ONSER AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple fracture of ribs and sternum 16 hrs **DUE TO** Open fracture left patella 16 hrs Conditions, if any, which Acute ventricular fibrillation gave tite to immediate cause DUE TO (a), sloting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION G VEN IN PART HOLLY. WAS AUTOPSY PERFORMED? None 110 200. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort I or Fort II of Item 18.) Driver of car that hit a tree when car failed to negoitate a 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) Month, Day, Year (County) (State) factory, street, affice bldg., etc.) While Rural-Smbg, Wash Md al work of work Highway 2) I certify that) took charge of the remains described above, held an Autapsy , Inspection (x), Inquiry , and in my apinian death resulted from: Natural causes . Accident x, Homicide . Undetermined manner Suicide . **ACTUAL** M.D. CHIEF MEDICAL EXAMINER DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** S. Robert Wells, M.D. Shauld DEPUTY MEDICAL EXAMINER FO NAME (Type) 229 BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) 1959 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATHIRE VS ATSME bull & Thous



THE REAL PROPERTY.

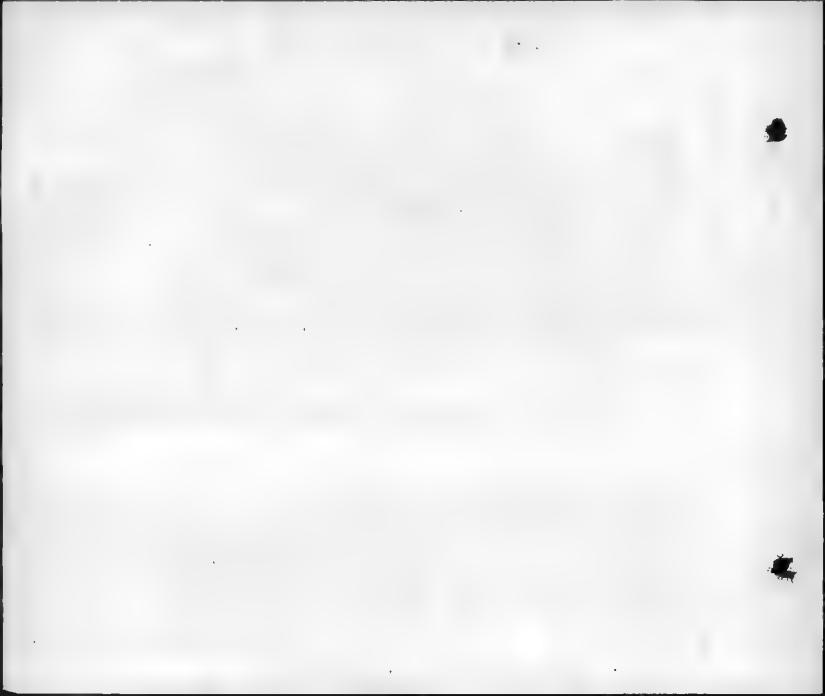
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	RE,	18
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CERTIFICATE OF DEATH

12381

L		2424	CERTIFIC	AIE OF DEAT	1	Reg. Dist.	No.
1,	PLACE OF DEATH COUNTY	on	MARYLAND	2 USUAL RESIDENCE (W	here deceased lived	If institution Residence	before admission)
	RURAL ond give ne	· · · · · · · · · · · · · · · · · · ·	E LENGTH OF STAY IN 16	E CITY OR TOWN (IF	autside corporate lin	nits, write RURAL and give	e nearest town)
	Boonso	AL (If not in haspital, give street - Keedy Hon	net address)	d. STREET ADDRESS	stown Side A	ve	O. IS RES DENCE ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print)	LILLIE	VELONA K	IRACOFE	4 DATE OF DEATH F	Month ebruary 5	Day Year 1959 19
S.	SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AG	E (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS
L	Ferale	111111111111111111111111111111111111111	OWED DIVORCED	7-7		5 yrs	rys Hours Min
10	during most of work Housewife	ON (Give kind of work dane) I ing life, even if refired)	Own Home	Downsvil	le Fred	and the second	IN OF WHAT COUNTRY?
13	. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME		
L	David				abeth La		
15	NO NO DECEASED EVE	R IN U. S. ARMED FORCES?		rs Pauline	Snyder 1	Walkersvil	le
	PART I. DEA	TH [Enter only one cause per the WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO	r fine for (o), (b), and (c)]	Fred. C	1 + +621	<i>*</i>	INTERVAL BETWEEN ONSET AND DEATH
NO	Canditions, if an gave rise to it cause (a), stating i lying cause last. PART II. OTH	the under-	us <u>contributing</u> to death bu	IT NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN IN PART I	(a) 19. WAS AJTOPSY PERFORMED?
CERTIFICATION	20. ACCIDENT MA	5 AM PERIOD 57 1994 6	STANSE HOLL IN HALL CONTROL		0.44.6	- 30 h	YES NO
		MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. [Enter nature of injury in	Part I or Part II or I		
MEDICAL	20c. TIME OF INJURY Haur a m p. m	Wh		LACE OF INJURY (Hame, fan actory, street, affice bldg., et	m, 20f. (City or tov c.)	vn) (Cau	nty) (State)
	21. I certify the olive on ACTUAL SIGNATURE	at 1 ottended the dece	-market	19 5, 10 A h occurred of //A		causes and on the	dote stoted obove.
	PHYSICIAN'S NAME (Type)	G. W. Ly	evazz			'And.	
22	BURIAL CREMATION REMOVAL (Specify) BUTIEL	278/59	River View	or crematory Cen.etery	1001	City, town, or county) MBDORT Was	(State)
23	FUNERAL DIRECTOR	SSIGNATURE	ADDRESS	24a REC	D BY REGISTRAR	24b REGISTRAR'S'SIGN	
	Andrew K.	Coffnan Hs	gerstown Md.	DATE	, ,		



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MARYLAND	STATE	DEPARTMENT	OF HEALT	H-BALTIMORE,	18

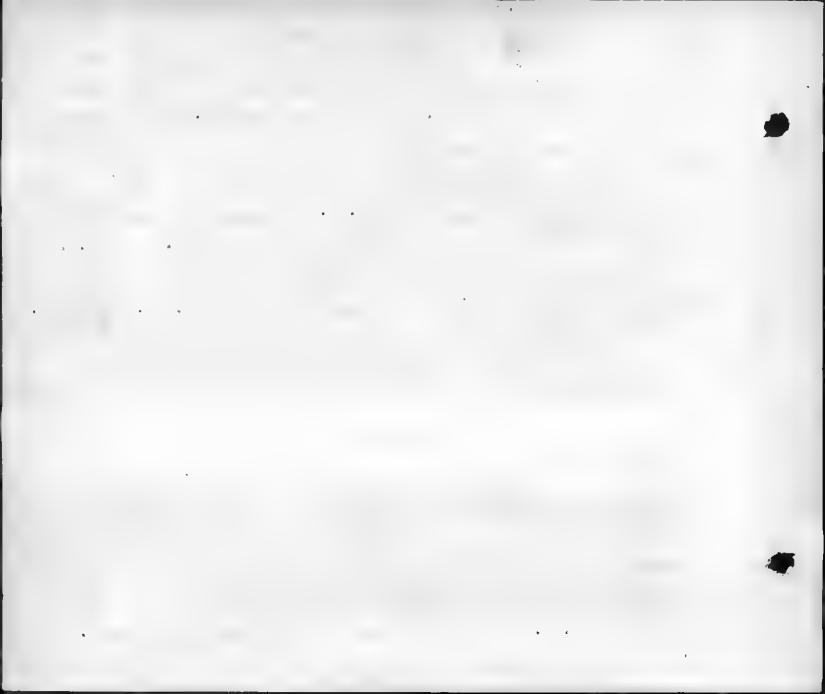
2425 CERTIFICATE OF DEATH

8 2387 Reg. Dist. No. 302

Market State of the Control of the C	(Kag. Din.	. 110, - + 10
1. PLACE OF DEATH 0. COUNTY Mashington	MARYLAND	2 USUAL RESIDENCE (Where of STATE Maryland	deceased lived. If institution Residence b. COUNTY TESTING TO	before admission)
b. CiTY OR TOWN (If outside corporate limits, w	rrite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside	e corporate limits, write RURAL and give	re nearest tawn)
RURAL and give nearest lown R # 2	25 Yrs	X Hagerst	own R # 2	
d. NAME OF HOSPITAL (If not in hospital, give s		d. STREET ADDRESS	011111 20 11 10	e. IS RESIDENCE
Western Pike	3	Western Pil	ke	YES NOX
3. NAME OF First	Middle		DATE Month	Day Year
(Type or print) . BERT	EUGENE KITZ		DEATH February 3	3 195919
5. SEX 6. COLOR OR RACE 7-	MARRIED 🔝 NEVER MARRIED 🔲	B DATE OF BIRTH	9 AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS
Male Thite w	DOWED DIVORCED	June 16 1884	tost birthdoy) Manths D	Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work dane	106 KIND OF BUSINESS OR INDUS		reign country) 12 CITIZ	EN OF WHAT COUNTRY?
during most of working life, even if retired) Merchant	Retired	Hagerstown 1	Wash Co Md	USA
13. FATHER 5 NAME	,	14. MOTHER'S MAIDEN NAME		COA
Free Vitamiller		Clara Hai	mmonal a	
Enos Kitzmiller 15. WAS DECEASED EVER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Yes no or unknown) (If yes, give war or date of service)	s Corinne R.		
			Kitzmiller	
18 CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c)	Hagers 5 wn	Md. R # 2	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	accinome	a at Var	rereas	& month
15.1X DUE TO		/)		
Canditions, if any, which) (b)		<i>V</i>		
gave rise to immediate couse (o), stating the under-				
lying cause lost. (c)				
	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART I	I(a) 19. WAS AUTOPSY
CATE				PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING [206	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	or Port If of item 18.)	1.20 110 []
GR CONTRIBUTING CAUSE OF DEATH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		ACE OF INJURY (Home, form, 20 story, street, office bldg., etc.)	Yf. (City or town) (Co	runty) (Slale)
\(\bar{\alpha} \) Hour a, m, \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{	While Not while tox	nory, siresi, ornice blug, enc.)	40	
21. I certify that Vattended the de	coard from ACC 3	1958 10 7 C	VE 13 10 490	
1 27 , 1 - 1)	17:00	7()	,	ost sow the deceased
alive of	1952 Z , and that death		, from the couses and on the RESS (Styles) city or town, state) // /	
ACTUAL of the will Pos	3, , , , , ,	1000	tess (street) city of town, store)	DATE SIGNED
SIGNATURE CALL	new-cr	MD. Clar	vysung jug	46/5/
PHYSICIAN'S DAVID	Brewe		/ /	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d.	LOCATION (City, town, or county)	(Stote)
Burial 2/6/59	St Paula Ce		Clear Spring Wa	Md
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY		
Andrew K. Coffnan	Hagerstown Md.	DATEER		U-JuA
TOTAL ON YES OUT THAT!	THE PROPERTY OF THE PROPERTY O	DATE		



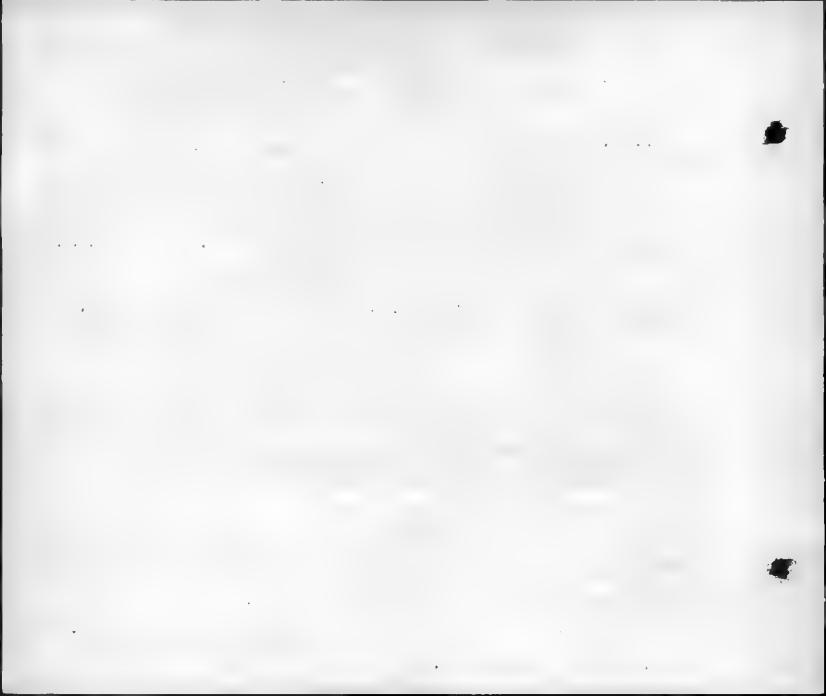
				MARYL	AND :	STATE D	EPAR1	IWE	NT OF HEALT	H—BA	LTIMO	RE, 1	18		
				238	3	CI	ERTIFI	CA	TE OF DEAT	H			Reg. Di	st. No.	3386
		PLACE OF DEATH b. COUNTY		ingto		c. LENGTH O	MARYLAN	4D	2 USUAL RESIDENCE (W o. STATE Marylan c. CITY OR TOWN (IF	d	ьс	V a s	hing	ton	
	H	RURAL ond give agersto d. NAME OF HOSE OR INSTITUTION shing to	WITAL (If not	n) //d	re street o	3 Wks	•		X Iancock STREET ADDRESS			wille r	KORAL BIIG	e. I	S RESIDENCE ON A FARM? ES NOAF
	3	NAME OF DECFASED (Type or print)	0.000	First			Middle		Los)	4. DATE OF DEAT		Mor	nih	Day	Yeor
	5. :		6 COLO			ED NEVER	Berti MARRIED [IVORCED [X) B.	Lashley DATE OF BIRTH	1 014	9. AGE (le last bir	n years thday) yrs	Months		19 59 UNDER 24 HR5 OUTS Min.
겓		USUAL OCCUPAT during most of we F1 armin FATHER'S NAME	rking lite, e	kind of work do ven if retired)		armin		VDUST	Fulton C	ount	y Pen		D:	IZEN OF V	VHAT COUNTR
	15.		ER IN U. S.	Lashl		OCIAL SECUR	RITY NO 1	7 INI	Rebecca FORMANT		yeum	Add	Iresa		
		NO 18. CAUSE OF D			N.	lone		Jε	mes E Las	loy	Penn	a.A	ve.H		ck Md.
	7	Conditions, if gove rise to couse (o), stoling lying couse lost	any, which immediate the <u>under</u>	DUE TO (b)_ DUE TO (c)_	Asi	terio.	Sch	20	tie bileges	Esta	Leg. Lico	llu	laipe	2 arp	AND DEATH
0	IFICATION			Dear	Lile		1/24	200	OT RELATED TO THE TERM (Enter noture of injury in				VEN IN PAR	P	WAS AUTOPSY ERFORMED? S NO D
	AL CERT	200 ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	Y MEDICAL	EXAMINER)		My OCCUR	ne		E OF INJURY IHome, form			15.7			
	MEDICAL	Hour o.m.	NI WOME	19	While of work	Not while		facto	ry, street, office bldg., etc	.)	//		(County)	(State)
		21. I certify to alive an 2	hat I gitte	ended the o	deceased 19 <u>5</u>	~?	I that de	ath o	accurred at \mathcal{I} \mathcal{A}	M fro	am the ca		and an t		the decease
,		ACTUAL SIGNATURE	than	K 2	1	lrem	fred 0	M	0 170 h	1617	- W	Zes	Lie	200	57
,	20.	PHYSICIAN'S NAME (Type)	Fr	ank		<u></u>	8 4	<u>U</u>	mosch	/_	1-7-5 C	200	lower	7	Mal
		BURIAL CREMATI	" 2	25.5°	9	Rehob	eth 1		hodist	Ful		oun	ty P	enna	(Stote)
	23	FUNERAL DIRECTO	R X	Henr	رف	Han	coal	2	mal DATE	D BY REGI	STRAR 24	_	STRAR'S SIG		



MARYLAND	STATE DEPARTMENT	OF HEALTH-	BALTIMORE,	18
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2390 CERTIFICATE OF DEATH

	1. PLACE OF DEATH 0. COUNTY	Washington		MARYLA	- 11	o. STATE	Md.	ere deceased	b. COUNTY	Wash:	ingt	odmissi ON	on)
		f outside corporate limitarest town)		c. LENGTH OF STAY IN 3 hours	- 11			stown	ote limits, write f	RURAL and g	ive neof	est lown)
		AL (if not in hospital, of Hospital		address)		d STREET AL		Potoma	c St.,		0	IS RESP ON A YES	FARM?
	3 NAME OF DECEASED (Type or print)	J ohn		Middle P	I	awrence		4. DATE OF DEATH	Moi 2		17		9 59
	5. SEX	6. COLOR OR RACE		RIED NEVER MARRIED	1 8.	DATE OF BIRTH		1	P. AGE (In years	IF UNDER	1 YEAR		
	male	white	WIDOWI	ED 🚨 DIVORCED		larch 31	L, 18'	73	last bighday)	Months	Days	Hours	Min.
	10a. USUAL OCCUPATIO	ON (Give kind of work ung life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLA	ACE (Stole	ar foreign co	untry)	12. CIT			COUNTRY
	retired		si	ilk weaver			umbe	rland,	Md.		U	.S.A	40
	13. FATHER'S NAME					14 MOTHER'S							
		unknown					unlo	own					
	15 WAS DECEASED EVE	R IN U. S ARMED FOR		SOCIAL SECURITY NO.		DRMANT				Iress		_	
	no		2.	17-10-2801	Mrs	Ethel	Lors	hbaugh	Hage	rstow	n, M	d.	
	Canditions, if of governise to it cause (a), stating lying couse lost.	the <u>under-</u>	8	Ereiral G	asc			ures	igi		ONSE	77	DEATH
)	CATK			CONTRIBUTING TO DEAT						VEN IN PART		PERFOR	
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OCC	URRED.	Enter nature of	injury in I	Port I or Port	II of item 18.)	11 /			
	20c. TIME OF INJUR Heur e. m. p. m.	Y Month, Day, Ye	While of world	Not while	0e. PLAC factor	E OF INJURY IN y, street, office	iome, farm bldg., etc.	, 20f. (City	or lown)	(0	(ounty)		(State)
	21. I certify the alive an A-17. ACTUAL SIGNATURE	at I attended the	deceas _, 19	ed fram. Isl. 51, and that d US MN	// leath o	, 19.5.7_ ccurred at_	11:54	_M, fram	2 , 19 7 The causes of the causes of the causes of the causes of the causes of the cause of the	and on th		state	
1	PHYSICIAN'S NAME (Type)	JOHN'	D	TURCO	MI)/	1-11	GCR	57cu	Be	j.	10	
	220. BURIAL, CREMAT O REMOVAL (Specify) DURIAL	2-21-59)F	Rose Hi		REMATORY			ION (City, town, gerstown			Md.)
	23. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS				BY REGISTI		STRAR'S SIG			
	There are the Works	ian Una		ours Md			F	EB 2 4 '5	19 0	other 8	1711	. 4	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

eral



funeral director, sold be filed with may be retained by the haspital ar attending physician.

TO FUNERAL DA FOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remave capban papers. Pages 1 and 1 the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

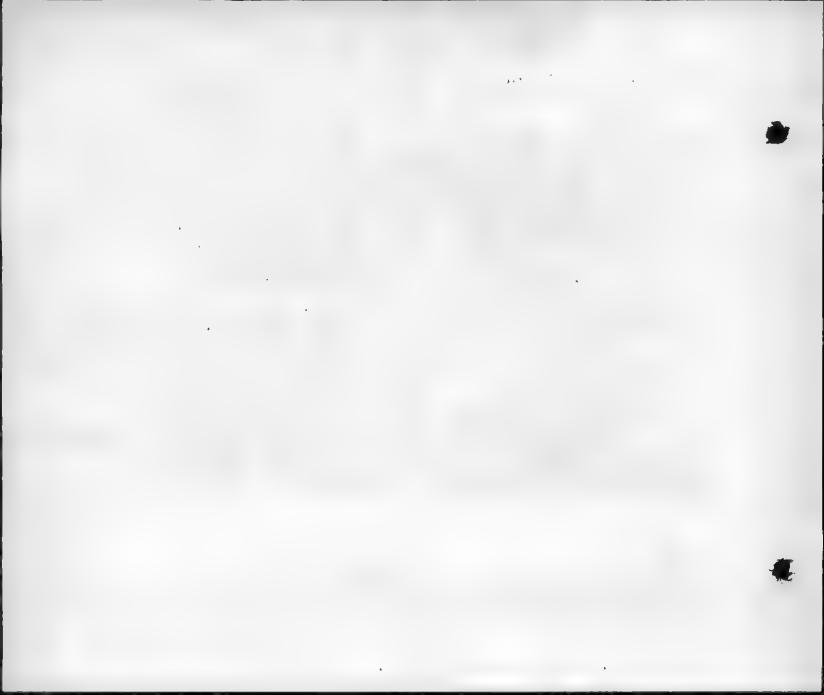
VS A1S (4) 15M 10/S7

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4

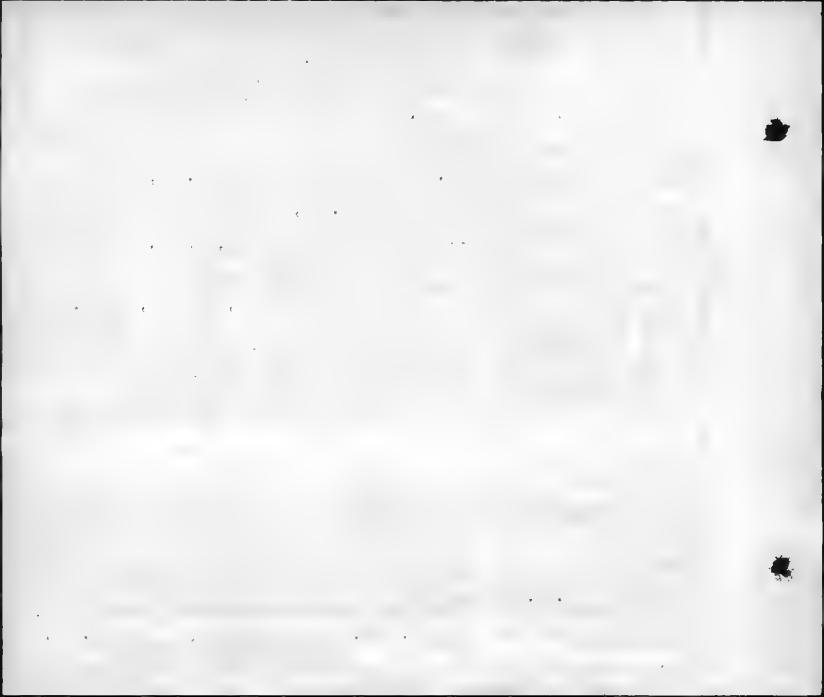
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2392

CERTIFICATE OF DEATH

PLACE OF DEATH COUNTY	n	MARYLA	NO	2. USUAL RESIDENCE (Who STATE Maryland		b. COUNTY	nce before admission)			
b. CITY OR TOWN (If o	utside corporate fimits, write	c LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Hagersto		12 Week	cs	Hagerstown						
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street	oddress)		d STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
	y Hospital			111 No Lo	ocust S	t	YES NO K			
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Month	Day Year			
(Type or print)		<u> </u>		OBRIDE	DEATH F		13 195919			
5 SEX 6	COLOR OR RACE 7 MAR			. DATE OF BIRTH	9 A6	SE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS			
Female	White wipow	-	- +**	O	L884	74 yes				
10a USUAL OCCUPATION during most of work n	(Give kind of work done 10b) life, even if retired)		NDUST				TIZEN OF WHAT COUNTRY?			
Housewife		Own Home		Yarrowsbu		h. Co	USA			
13. FATHER'S NAME				MOTHER'S MAIDEN N	· - · · -					
	P. Kaetzel			Laura 1	M. Fouc					
(Yes no or unknown) (If)	V.U. S. ARMED FORCES? 16 es. give wor or dates of service)			FORMANT	-Dad da	Address				
No		None	W 1	lliam F. Mo			ocust St			
	[Enter only one couse per I WAS CAUSED BY.	ine (6) (o), (b), and (c).]		. Hagers	town Md	• •	ONSET AND DEATH			
P IA	AMEDIATE CAUSE (a)	Mens	n/	netis!	4-6	- A1	3 Clary			
X .	DUE TO	12 C-			0 1	1/2	1-5/10-			
Conditions, if ony,	ediate	Tuck	22	marz	20	cert to	- 0-0 mg			
couse (o), stoling the	under- DUE TO			V						
Z PART II OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUITA	OT PELATED TO THE TERMIN	NAL DISEASE SON	IDITION CIVEN WIND	DT W-1 30 34/46 44/TORCY			
E Llews	sten into	3 - 1/2	Pa	- t ! / m	A	2 - 121	PERFORMED?			
PAPT II OTHER 200. ACCIDENT WAS I OR CONTRIBUTING II OR CONTRIBUTING II U U U U U U U U U U U U U U U U U U	INDERLYING 20b. DES	SCRIBE HOW INJURY OCC	URRED	(Enter nature of injury in P	ort I or Port II of	item 18.)	rat his No []			
	DICAL EXAMINER)									
20c. TIME OF INJURY Hour a. m. p. m.	While		e PLAC facto	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or to	wn) ((County) (State)			
21. I certify that	I attended the decea	sed fram, 23 Jun	E	, 19.57_, to13	3 FEBRUA	RY 19.59 that I	last saw the deceased			
alive an13_	EEBRUARY 19	_59_, and that di	eath o	occurred at 2:50 f	M, from the	causes and on I	the date stated above.			
(.	1 50 0	15/3				city or town, state)	DATE SIGNED			
ACTUAL SIGNATURE	ucciand	1. John	15 PM	6. 9 1135 Por	LOMAC AV	ENUE	2/14/57			
PHYSICIAN'S	HARD T. BINFO	DO M D (1				,			
220. BURIAL, CREMATION,		22c NAME OF CEMETE	DV 00		OWN. MAR					
LEMOVAL (Specify) Burial	2/16/59	Rose Hill				(City, lown, or county)				
23 FUNERAL DIRECTOR'S S		ADDRESS	L U			OWN Wash				
	Coffman Ha		1.4	DATER						
WINGT CM V	AOTTHORIT III	TKGIR TOWN 1	HALL O	I UT ES I	7 '59	67 -1 0 1	/			



		MA	RYLAND ST	ATE DEPARTM	ENT OF HEALT	H-BALTIM	ORE, 18	09965
22	L		2426	CERTIFICA	ATE OF DEAT	H	Reg. Dist	i. No.
M	<u>/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	LACE OF DEATH COUNTY W	ashingtor	1 MARYLAND	2. USUAL RESIDENCE (W. o. STATE	L	. COUNTY	e before admission)
		CITY OR TOWN (If outside corpore RURAL and give negrest town)	le limits, write c. t	ENGTH OF STAY IN 16			nils, write RURAL and gi	
	L	Hancock		I Yr.	Largent		55 X - 3	
	П	NAME OF HOSPITAL (If not in hos OR INSTITUTION	oitol, give street oddre	11	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
			k Nursin		Rural			YES NO
		IAME OF PECEASED (type or print) LUI			ckee	4. DATE OF DEATH FG		Day Year 19 59
	5.				B. DATE OF BIRTH	9. AGI	birthdoy) Months I	YEAR IF UNDER 24 HRS.
	10	Female white	WIDOWED			1875 ·	83 yrs 10	20
-	100	USUAL OCCUPATION (Give kind of during most of working life, even if Housewife	work done 10b, KIND retired)	OF BUSINESS OR INDU		county.		ZEN OF WHAT COUNTRY: USA
T	13.	ATHER'S NAME			14. MOTHER'S MAIDEN		110 120	ODA
-	/	Jacob	Hutchins	on	Marga	ret Powe	11	
	1\$. {Ye	NAS DECEASED EVER IN U. S. ARME	D FORCES? 16, SOCI.		NFORMANT		Address	
		No			s Irvin Am	prose, L	argent, W	
		18. CAUSE OF DEATH [Enter only						INTERVAL BETWEEN
		PART I. DEATH WAS CAUSE IMMEDIATE CA		mb olu	2)			Wickleauras
		Conditions, if any, which)	UE TO				" Colow	
		gave rise to immediate	UE TO	recuon	To an	render) cow	
		lying cause last.	(c)				,	
_	CATION	PART II. OTHER SIGNIFICAN		RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONE	DITION GIVEN IN PART	1(a) 19 WAS AUTOPSY
0	SAT				leve			YES NO D
	CERTI	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING () CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAM	EATH NER)	HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of it	lem 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Da Hour o. (1.		OCCURRED 20e. PL	ACE OF INJURY (Home, far story, street, office bldg., et	m, 20f. (City or tow	n) (Co	ounty) (State)
	A.	р. т.	19 of work	at work				
		21. I certify that I attende	the deceased for			Jan I	., 19 <u>5</u> Z,that I lo	ast saw the deceased
		alive on	193/	, and that death	occurred at ನ್ನಡಚಿ	ADDRESS (Street, cit		e date stated above. DATE SIGNED
		ACTUAL N 2 7 2	Liska	7/1 /2	M.D. Ham	COEK	not rown, stole	3/14/5
- 1		PHYSICIAN'S NAME (Type) Ho	E. Table	e r				, , ,
	220	BURIAL, CREMATION, 22b. DATE 1		NAME OF CEMETERY O	R CREMATORY	22d LOCATION (C	ity, town, or county)	(Stote)
	-	Burial 2/1	B/I959]		em.	Largen		W. Va.
	/3. /	FUNERAL DIRECTOR'S SIGNATURE	HOME TO	CONCIEN (245. REGISTRAR'S SIGN	NATURE
	L	MAJ TUNFICIL)	1011-1	FRAFACY W	DEST DATE F	EB 1 6 59	Klochest 1	Thous
					VI VA.			



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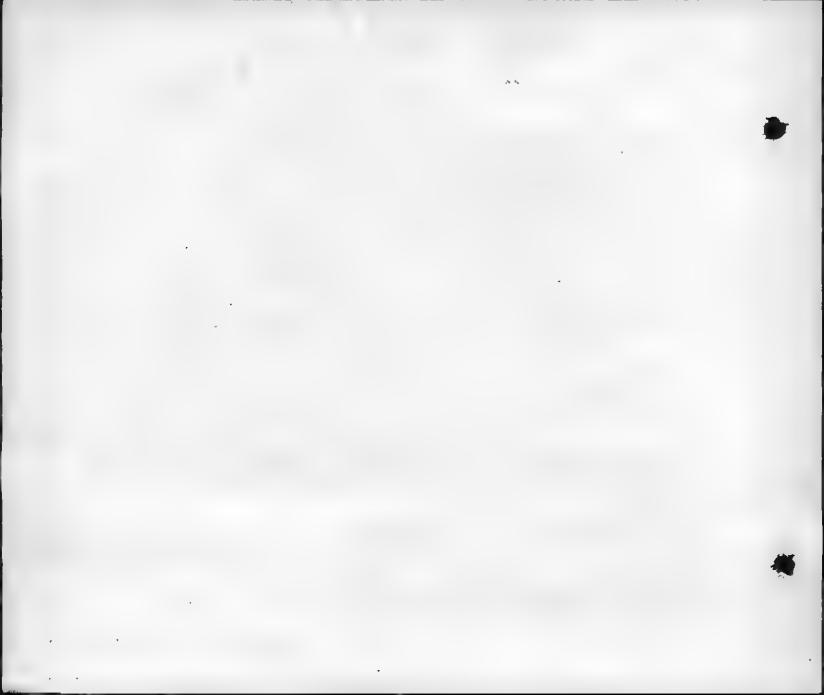
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1802393 2393

CERTIFICATE OF DEATH

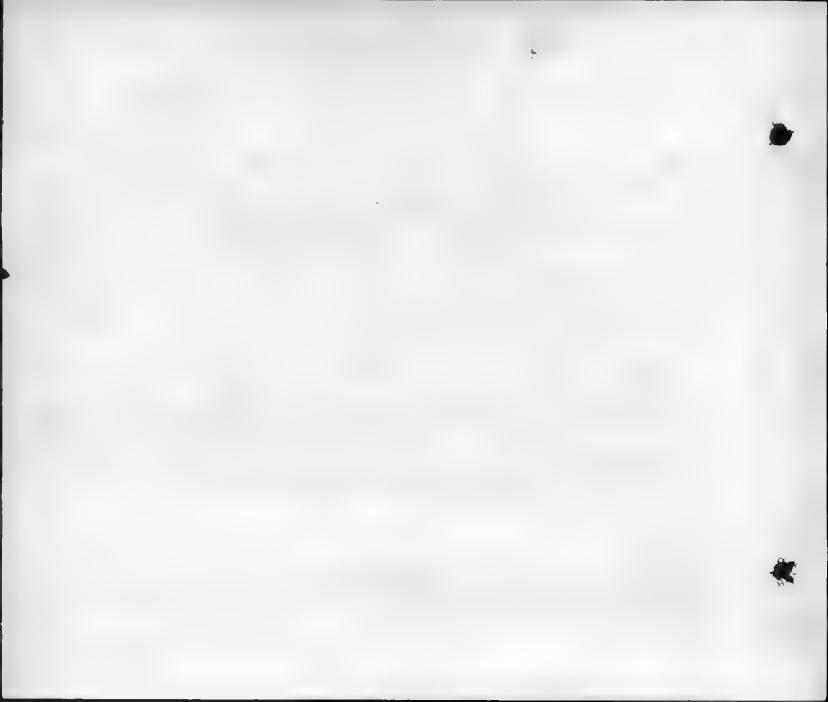
Reg. Dist. No.

\					
1. PLACE OF DEATH o. COUNTY	MARYLAND	2 USUAL RESIDENCE (WIN	ere deceased lived. If institution with COUNTY WA BRIT		re admission)
	LENGTH OF STAY IN 1b		utside corporate limits, write RI	<u></u>	arest lawn)
RURAL and give neorest town) Hagerstown	4 Weeks	Hagerst	Own		
d. NAME OF HOSPITAL (If not in hospital, give street ad		, d. STREET ADDRESS	0 1111		e. IS RESIDENCE
Wash. County Hospit		27 Mealey	Parkway		ON A FARM? YES NO X
3 NAME OF First	Middle	Lost	4. DATE Mon	th Da	y Year
(Type or print) WALTER WILL		PHAIL	DEATH Februar	2	* *
5. SEX 6 COLOR OR RACE 7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last birthday)	Months Days	Hours Min.
Male White WIDOWED	DIVORCED [May 6 1907	51 yrs	Would Days	rours with.
10a USUAL OCCUPATION (Give kind of wark done 10b KI during most of working life, even if refired)	ND OF BUSINESS OR INDU		* * * * * * * * * * * * * * * * * * * *		F WHAT COUNTRY?
Merchant	Retired		e City Md.	USA	A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
John McPhail		Cleme	ntine Lerri	tt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC		INFORMANT	Add		
No	Mr		ail 37 Meale	ey Park	way
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	Hagerst	OWN Md.	ITAI	ERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY Chr	onic Conges	stive Heart	Failure on	basis 6	months
DUE TO OF	Hypertensiv	ve Atheromat	ous Cardiov	as c u-	
Conditions, if ony, which) the lar	Disease.				
gove rise to immediate DUE TO					
lying couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 7(0)	P. WAS AUTOPSY PERFORMED?
CCATI	None.				YES NO
PART 11. OTHER SIGNIFICANT CONDITIONS CO	IBE HOW INJURY OCCURRE	ED. (Enter noture of injury in I	Port 1 or Port II of item 1B }		
		LACE OF INJURY (Home, form		(County)	(State)
Hour o.m. p. m. 19 of work	Not while	octory, street, affice bldg., etc	1		
21. I certify that I attended the deceased		10 58 to Fe	b. 5, 195	Sthat I last a	
alive on Feb. 5			M, from the Couses of		
dive on	, and mai deali		ADDRESS (Street, city or town,		DATE SIGNED
ACTUAL SIGNATURE TO ELL			h Potomac S		2-6-59
PHYSICIAN'S R.A.Bell, M	.D.	Hagersto	own, Marylan	d.	
	22c NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, lawn, i	or county)	(State)
Burial 2/8/59	Rest Have	n Cemetery	Hagerstown	"ash.	Co Md.
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'		STRAR'S SIGNATU	
Andrew K. Coffuan Has	gerstown Ld	L. DATEES	3 9 5 9 -	hur d. I rah	A



2394 **CERTIFICATE OF DEATH** Red. Dist. No. with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) e. COUNTY filed **b.** COUNTY MARYLAND NASHINGTON death. c. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) LJURKE ACLEIRSTOWN d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION /d STREET ADDRESS e. IS RESIDENCE YES NO MASHINGTON executed within 24 hours COUNT HOSPITAL 2. 3. NAME OF 4. DATE Middle Lost Manth Day Year 2 DECEASED OF completely filled DEATH [Type or print] 19.59 TAN ERRUAIZ 9. AGE (In years loss birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days DIVORCED | WIDOWED D 100 USUAL OCCUPATION IGNE kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) WASH, COL ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion G-RIMM CHNIS remove hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 22 -AIRPLAY othending None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO ģ Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING INCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg -etc.) Haur a.m. "Not-while at wark at wark 19-22., that I last saw the deceased 21. I certify that I attended the deceased from LL at 16.35AM, from the causes and an the date stated above. and that death accurred alive an_ ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S FUNERAL NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22¢. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) MANOR ONSBORN 0 ADDRESS 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1. PLACE OF DEATH o. COUNTY Washington ashington b CITY OR TOWN (If outside corporate fimits, write c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest lown) RURAL and give nearest town) Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) QUINSTITUTION 1002 Salem Ave sh. county Hospital NAME OF DECEASED DEATH February (Type or print) GEORGE 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years 1881 Oct Male WIDOWED [X DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1), BIRTHPLACE (State or foreign country) Va.. during most of working life, even if retired) Retired Lumber Dealer Bluemont Loudon Co 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME Rose Amelea Branham Charles W. Miller 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Moller 607 W. Washington No Beaudric C. None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] Hagerstown Md. PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Cerebral Hemorrhage. DUE TO Generalized Arteriosclerosis. Canditions, if any, which ! gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS None. 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INTURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) factory, street, affice bldg., etc.) Haur a.m. While Not while at wark at work p. m. 21. I certify that I attended the deceased from Feb. 24, 19 59, to Feb. 25, 19 59 that I last saw the deceased , and that deoth occurred at 5:00PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL North Potomac Street, 2-27-59 PHYSICIAN'S R.A.Bell.M.D. Hagerstown, Maryland. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Rose Cemeterv Hagerstown Wash. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR VS A15 (4) andrew K. Coffman Hagerstown lad. Cuthing & Thous 15M 10/57

e IS RES DENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

IISA

29

(County)

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

?

hrs

PERFORMED?

YES NO X

(State)

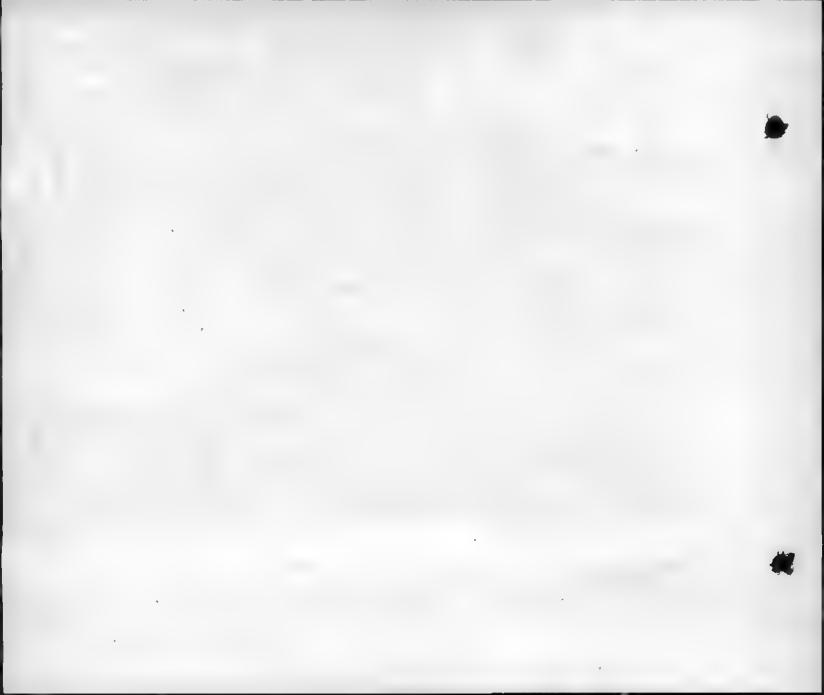
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YES TO NOW

1059

Reg. Dist. No 302



death Page

certificate

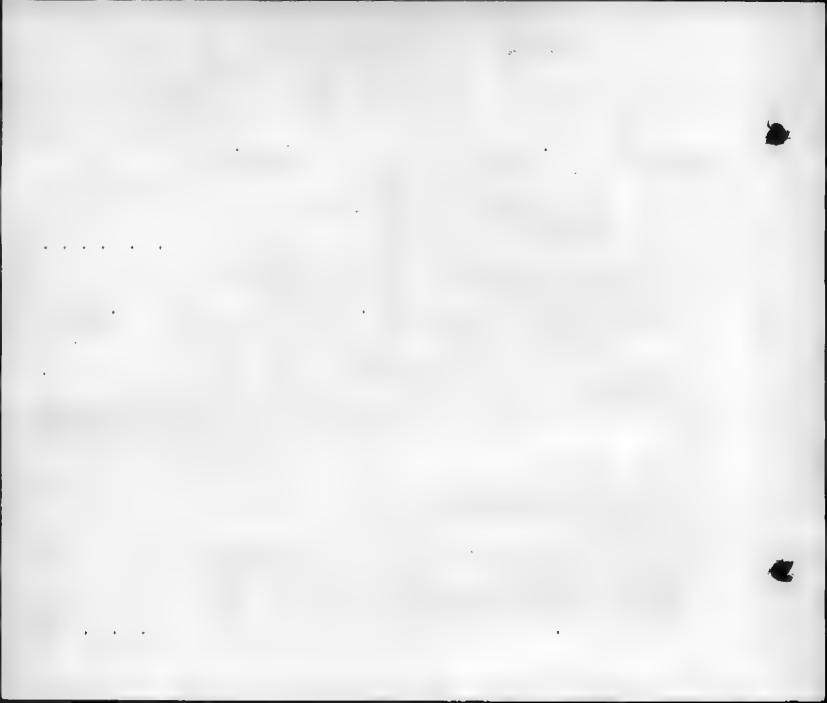
requires that the



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		2427	CERTIFICA	ATE OF DEATH	Reg	Dist. No. 12397
		PLACE OF DEATH S. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who a. STATE MARYLAND	re deceased lived. If institutions Res b. COUNTY WASHIN	
	CI	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) FVELAMDVILLE RURAL	c. LENGTH OF STAY IN 16	CLEVELAN	IDVILLE RURAL	
0		d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION BOONSBORO MD. ROUTE	2	d. STREET ADDRESS BOONSBORG		o. IS RESIDENCE ON A FARM? YES ON NO
		NAME OF First DECEASED (Type or print) EZRA	V 43 V V V	lost IOSER	4. DATE Month OF DEATH FEBRUARY	
	-	MALE WHITE WIDOW	ED DIVORCED	APRIL 187	7 tost birthday) Mon	
		FATHER'S NAME	UBLIC SCHOOL	NEAR MYER	SVILLE FRED.C	O.MD. U.S.A.
		ABRAHAM MOSER WAS DECEASED EVER IN U. S. ARMED FORCES? 16oo, or unhnown) (If yes, give wer or date of service) NO		NFORMANT	H SCHILDTKNEC	
		18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)			SER BOONSBORO L disease	INTERVAL BETWEEN ONSET AND DEATH O'Y' (?)
		Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	Uremia - car	ised by abou	/e	1 week.
3	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS (_	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE			
	MEDICAL	Haur a. m p. m. 19 While at war	Nat while for	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)		(County) (State)
		21. I certify that I oftended the decease of the on Feb. 13 . 19.5		A	M, from the causes and a	DATE SIGNED
1		PHYSICIAN'S NAME (Type) Walter H. S	Shealy M. D.	M D.) Sna	arpsburg, Md.	2/16/59
	220	BURIAL CREMATION, 226. DATE THEREOF BURIAL FEB. 17 195	BOONSBORO		22d EOCATION (City, town, or court	
	23.	FUNERAL DIRECTOR'S SIGNATURE	Socialio	24a. REC'D	BY REGISTRAR 24b. REGISTRAR	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



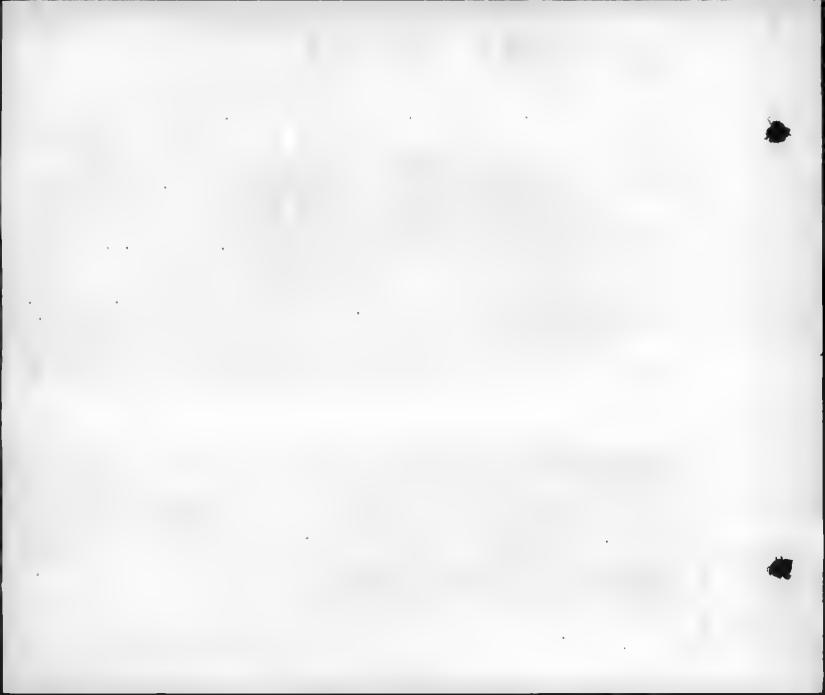
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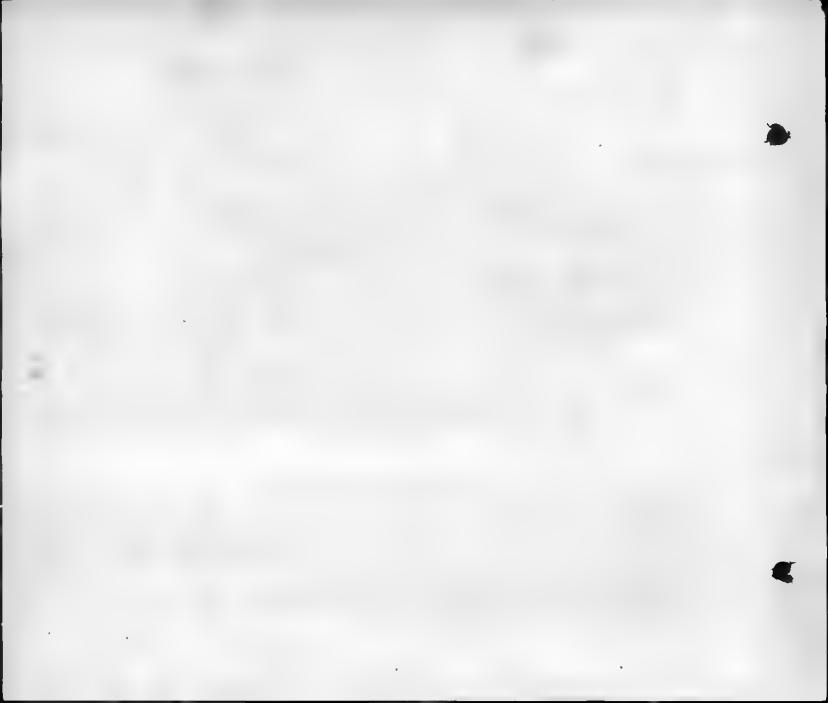
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	22	20_	CERTIFICA	AIE OF DEATH			Reg. Dist. No.	
1. PLACE OF DEATH	hshington	53	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Harylan	deceased lived	. If institution	Residence befor	re admission)
b. CITY OR TOWN	(If outside corporate tim	its, write	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outsi				
S. C. C. C.	Tarica India	•	73 trs.	אמיוניבים ויצ א	HA.			
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital,	give street	oddress}	. d. STREET ADDRESS				e IS RESIDENCE
114 2.16	in Str	eet		114 Jast 4.	in St	test		YES NO
3. NAME OF DECEASED	Fi	rsf	Middle	Last 4.	DATE	Month	Do	y Yeor
(Type or print)	Alle	n	Duther	Poffent erger	OF DEATH	700-	4	19 50
5. SEX	6. COLOR OR RACE	7. MARI	RIED TO NEVER MARRIED	B. DATE OF BIRTH	9 AG		UNDER I YEAR	IF UNDER 24 H
I. le	Thite	WIDOW		IF y 1.0 1735	173	yrs.	Months Days	Hours Min
10a. USUAL OCCUPAT	HON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote or f	oreign country)	-	12 CITIZEN O	F WHAT COUN
Para Ser	orking life, even if retired	ipul	L School	Sh ranhur	r III.		17. S. A	A
13 FATHER'S NAME				14 MOTHER'S MAIDEN NAM	E			
Oti	no Poffent	erge	er	Elizabe	eth We	lsh		
15. WAS DECEASED EN	VER IN U. S. ARMED FOI	CES7 16 ervice)		rs. Port Pof	ferior	Adden	1/4 <u>3.</u> .	sin 3
18. CAUSE OF D	EATH [Enter only one co	use per li	ne for (a), (b), and (c).)				INTE	RVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY:	. (Coronary Thr	rombosis			ONS	Hour
420.0	DUE TO	,						
Conditions, if	ony, which	. A.	rteriosclero	tic heart di	sease			3
gove rise to cause (o), statin	immediate	,						
lying couse los)						
PART II. O	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CON	DITION GIVEN	IN PART 1(o) 1	9. WAS AUTOP
3	Bilate	eral	retinitis					PERFORMED?
(IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER]	206 DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port	1 or Part II of i	item 18.)	-	
	JRY Month, Day, Ye		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 12	Of. (City or tov	vn)	(County)	(Sto
Hour o.m	16	While of wor	Not while to	clory, street, office bldg., etc.)				
21. I certify	that I attended the	deceas	ed fram at dea	ith 19 to	_	10	that I last so	w the decay
alive on Fe		_a 12	59, and that death	accurred at 5 • 15A	A. from the	couses on	d an the dai	te stated ab
	1/2//	2/3	fin a	ADD	RESS (Street, c	ly or fown, ste		DATE SIG
ACTUAL SIGNATURE	accor.	NO	race -	M.D. Sharpsbu	rg, Mo	i.		2/5/59
PHYSICIAN'S NAME (Type)	Walter	н.	Shealy M. D.					
220. BURIAL, CREMATI	ON, 226. DATE THEREC)F	22c NAME OF CEMETERY C	A CREMATORY 220	LOCATION (City, Iown, or	county)	(State)
REMOVAL (Specif	Feb. 7	1959			_	unci.		
23 FUNERAL DIRECTO	R'S SIGNĂTURE	1,	ADDRESS L	277/ 240. REC'D BY		7	AR'S SIGNATUR	
iles: 3	1 x. afe	c ly	Ci Comaparto	DANGER 9	15.9	in it	0 20	



4	e funeral director	Could be filed with		
	YOR: After this certificate has been signed by the attending physician and completely filled in t	page 3 should adetached for use as the buriol-transit permit. Then please remove carbon-papers. Pages 1 and Manual be filed-with	72 hours offer death.	
icion.	cen signed by the attend	ronsit permit. Then plea	I, and in any event within	
may be retained the hospital or ottending physician.	After this certificate has be	hed for use as the burial-tr	the registrar prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.	
moy be relocated by the	FUNERAL TOR:	page 3 should a detact	he registrar prior to but	

director di	ACE OF DEATH COUNTY COUNTY A Shington ARRYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE Lagvland Washington
d be fi	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town L Month C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town
7/	NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR STREET ADDRESS ON A FARM? YES NO Prospect St ON A FARM?
1 Pad in 1 s 1 and 1 s 1 and 1 s 1 and 1 s	AME OF First Middle Lost 4. DATE Month Day Year OF DEATH Feb. 15 1959
Poge	X 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
cores comple	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNT
ond of the state o	Stone Mason Self Employed Colinsville Penna USA THE MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
physicion move cor hours oft	Frank Powers Eliza Easton Address Address Address Address
ng phy e remo 72 ho	No (1 yes, give wor or dotte of sarvice) 217-18-8998 rs Mae Babb 603 No Prospect St
ottendi ottendi vilhin	B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MY Corclial infarction Tales
equires that the individual of the signed by the it permit. The in any even	Canditions, if ony, which gave rise to immediate cause (a), stoting the under lying cause lost. DUE TO DUE TO (b) Thrombosis of left circumflex artery + left curicle 7 day, bying cause lost. (c) arterio selerosis
physicio physicio ostrons ovol, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES PNO
An: The ending licote by the buring or rem	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) DR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)
PHTSICAL all or oth his certif r use os emation,	10c. TIME OF INJURY Month, Day, Year Add. INJURY OCCURRED Hour a. m. While of work at the office of work and the office of work are described.
TATENDING Ty the hospit TOR: After the detached for to buriol, cr	21. I certify that I attended the deceased fram January 15, 1957, to Tehruary 15, 1957, that I last saw the decea alive an Tehruary 15, 1959, that I last saw the decea alive an Tehruary 15, 1959, and that death accurred at 7, 52 AM, from the causes and an the date stated about ADDRESS (Street, city or town, state). DATE SIGNATURE Tictor of Lame, M.D. Western MD. State Itospital File. 15, 15
retor	PHYSICIAN'S VICTOR L, Ramas Hagerstown, md.
HONES moy be FUNES poge 3 in he regis	BUR AL CREMAT ON, 275. DATE THEREOF 2°C NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. fown or county) (State) PRINCIPLE 2/18/59 Brethern Cemetery Brownsville Wash Co. Md.
D # O # Z	UNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS ATS (4) 15M 9/55	idrew K. Coffm n Hagerstown Md. PFR 17 159 04 CK



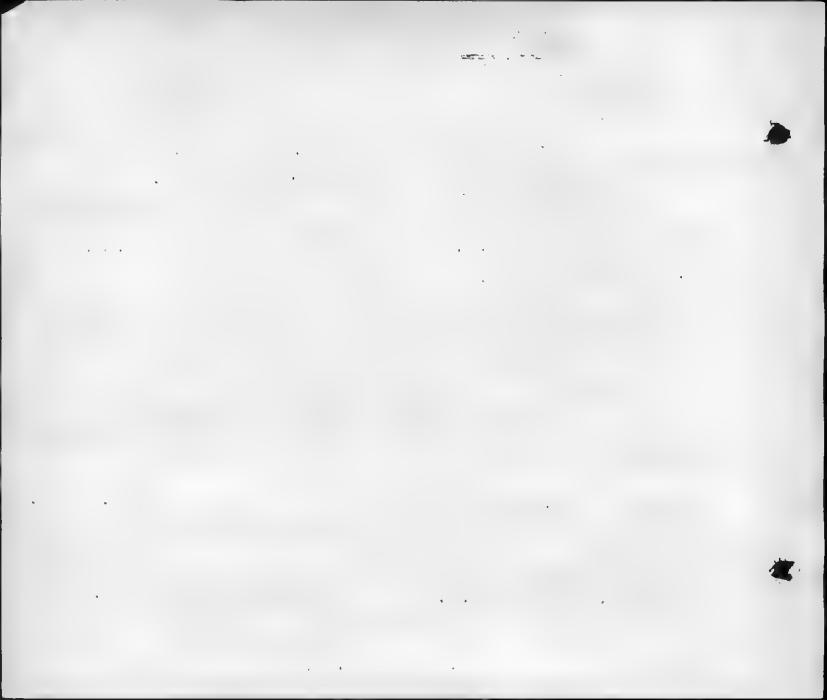
FOR STATE HEALTH DEPT.

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ME	0.0	40	0	350	
*	execute the (*** cote, writing the w≡rd "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral	TO.	N X	or its designated agent, prior to burial, crematian, or remayal, and in any ment within 72 hours after death.	
5	9	Sul	NE	Ó	
0	CO	5.hc	2	aller a	
o. S. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is neces	8	70	1 S TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 Feet	ō	
		1.0	AT.		
¥8	M.S	12! 7/5	7		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02401 220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	NUJO			Ket	DIST. NO.
1. PLACE OF DEATH	-		2 USUAL RESIDENCE (Where d	leceased lived. If institution R	esidence before admission)
a. COUNTY W	ashington	MARYLAND	Olive	b. COUNTY Summit	
b CITY OR TOWN (1) and give nearest town	f outside corporate limits, write RuPAL	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside	e carporate limits, write RURAL	and give nearest town)
Hagers		Transient	Akron	7 a x	~
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hor	pital, give street address)	d STREET ADDRESS	-	e IS RES IN LI E
enroute	to Wash. Co. Ho	spital	5046 W. Bath	Road, Rd. #7	YES NO X
3. NAME OF DECEASED	fint Grover	Ernest, Pu	Lost 4 DA	TE Manth	Day Year
(Type or print)				ATH Feb.	8 19 59
s. sex male	white widowe	ED THEVER MARRIED E. DIVORCED THE	9-22-35	9. AGE (In years IF UN loss birthday) Mont	DER TYEAR IF UNDER 24 HRS.
100 USUAL OCCUPATION	ON (Give kind of work dane 10b 1	IND OF BUSINESS OR INDUST			CITIZEN OF WHAT COUNTRY?
Mariner	ng life, even if retired)	. S. Navy	North Dakot	ia l	U.S.A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN NAME		0,2411
Grover E	rnest Putman, Sr	•	Barbara Langl	ley	
	ER IN U. S ARMED FORCES? 16		FORMANT	Address	
Yes		80-28-3237 01	ficial Navy Rec	cords	
18. CAUSE OF DEA	TH Enter only one cause per line	The Secretaria of the Secretaria	Journales at Au Might all		INTERVAL BETWEEN
PART IL DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Fractured	skull		ONSET AND DEATH
8 3.	DUE TO	Eultiple fr	actured ribs		
Conditions, If a		Fractured	closed) rt tibi	a & fibula	
gave rise to immed (a), stating the	diate cause	hemorrhage			40 min
cause last.	(c)	Hemorrhage			
FART II, OTH	HER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DE	SEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
[3]					PERFORMED?
PART II, OTH	USE WAS DESCRIBE LOB LOB T	e HOW INJURY OCCURRED. (E-	mer noture of injury in Port I or Po mobile and ran	ort It of item 18.) into side abut	ment of bridge
	RY Month, Day, Year 20d	INJURY OCCURRED 120- PLAC	E OF INJURY IHome, form, 120f.		[Cauniy] [State]
20c. TIME OF INJU	Feb. 8, 59 While	Nat white Funks	stown Bridge		lash. Md.
21. I certify th	hat I took charge of the	emoins described above	re, held an Autopsy 🔲,	Inspection N. Inc	uiry , and in my
opinion death	resulted from: Notural	auses 🔲, Accident 🛭	. Suicide . Homic		
ACTUAL &	Poletle	ello	CHIEF MEDICAL EXAMINE	• 🗇	DATE SIGNED
SIGNATURE	Machine -		_M.D. ASSISTANT MEDICAL EXAMINE		
EXAMINER'S NAME (Type)	S. Robert Wells,	M. D.	DEPUTY MEDICAL EXAMIN	-	Feb. 9 1959
220 BURIAL, CREMATIC REMOYAL (Specify)	ON 276 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d L	OCATION (City, town, or coun	ly) (State)
Burial	2-16-59	Arlington Na	tional A:	rlington	Virginia
23 FUNTERAL DIRECTOR Adams Fune	eral Home, 4748	Nisc. Ave, NW, W	lash.D.C OATE	m 1010	SIGNATURE 8. Has A
				Tables and a second	



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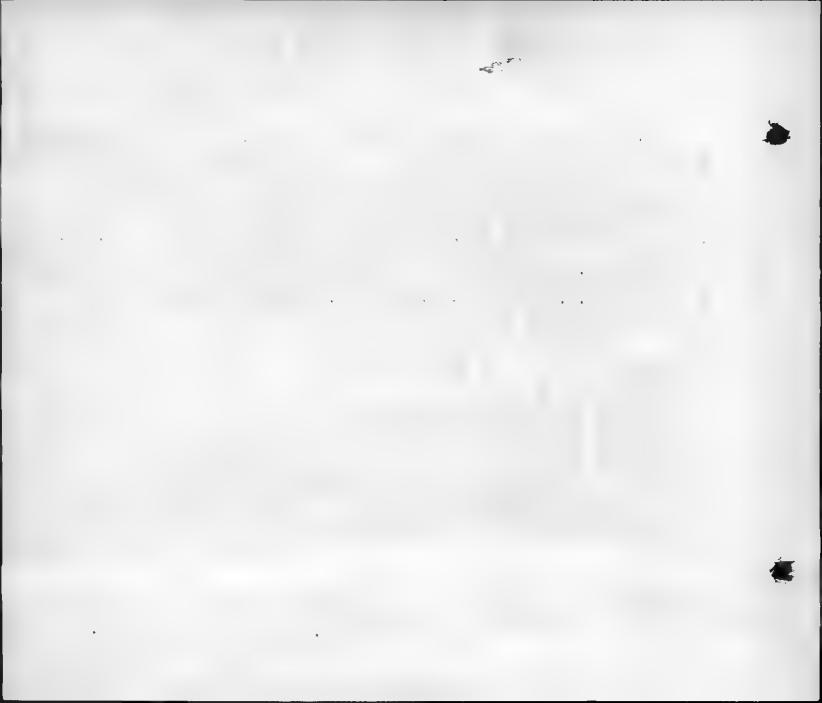
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2399

CERTIFICATE OF DEATH

02402

		n. 0	40							Key. D	131, 170,		
	PLACE OF DEATH	SHINGTON		MAI	RYLAND	2. USUAL RES	MARY		l lived. If institution b. COUNTY		HING		
	CITY OR TOWN (I	foulside corporate lim ores Homal DIOWN	its, write	LIFE	Y IN 16		AGERS'		rote limits, write R	URAL ond	give near	est fown)
	d. NAME OF HOSPIT VANILING	AL (If not in hospital, a COUNT	Y HO	oddress) SPITAL		d. STREET		AVE.				IS RES	IDENCE FARM? NO (2)
	3 NAME OF DECEASED (Type or print)	PAUL	rst	EDGAF		REEC	CHER	4. DATE OF DEATH	FEBRU		Day	100	feor 19 59
	S. SEX MALE	WHITE	WIDOW		ED 🔲		1/192		9. AGE (in years lost bir/bday) O yrs.	H UNDER	Days	Hours	R 24 HR5 Min.
	CONTRACT	N (Give kind of work	done 10b		OR INDUST		PLACE (SION		ountry)	12. CI		WHAT	COUNTRY
		R. REEC				14 MOTHER		EYNOL	DS				A 11/3 7
	IS WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	216-14-5	0 17 IN 841	MRS.	GENE'	VIEVE	REECHE	£42	AGLI	ID.) WIA
		TH Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	Ac	+ 11/1	T	row L	euk	renia			IONSE	VAL BE T AND LU-C	DEATH
	Conditions, if or gave rise to it couse (a), stating tying cause tost.	the under-	1	COLUMN DITTHE TO D	CATLA DIP A	LOT OF LATER A							
	CATE	ER SIGNIFICANT CON								EN IN PAI		PERFO	RMEDZ
		CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY									
	ZOC TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Ye	While	Not while at work	20e. PLA	CE OF INJURY ory, street, office	(Home, form ce bldg., etc	. 20f. (City	or lown)	(County)		(State)
	alive on [(-)	at 1 attended the	decease _, 195		eb at death	accurred a	9. 10./. 1. 6. 34./		the causes a	nd on t	last sav	state	deceased d above
	SIGNATURE	FFLU	chil	4	N	1.0. 224	TYY	Lun	uc m	7	18	1-h	29
	220. BURIAL, CREMATIO PAMOVAL (Specify)	N. 226. DATE THEREO	59	22c. NAME OF CEA	METERY OR		de la la la la la la la la la la la la la		ION (City, town, o		MD.	{Slote	e)
	23. FUNERAL DIRECTOR		TALL	ADDRESS	The		24a. REC'	D BY REGIST	RAR 246 REGIS	-		A	
40													

VS A15 (4) 15M 9/S5



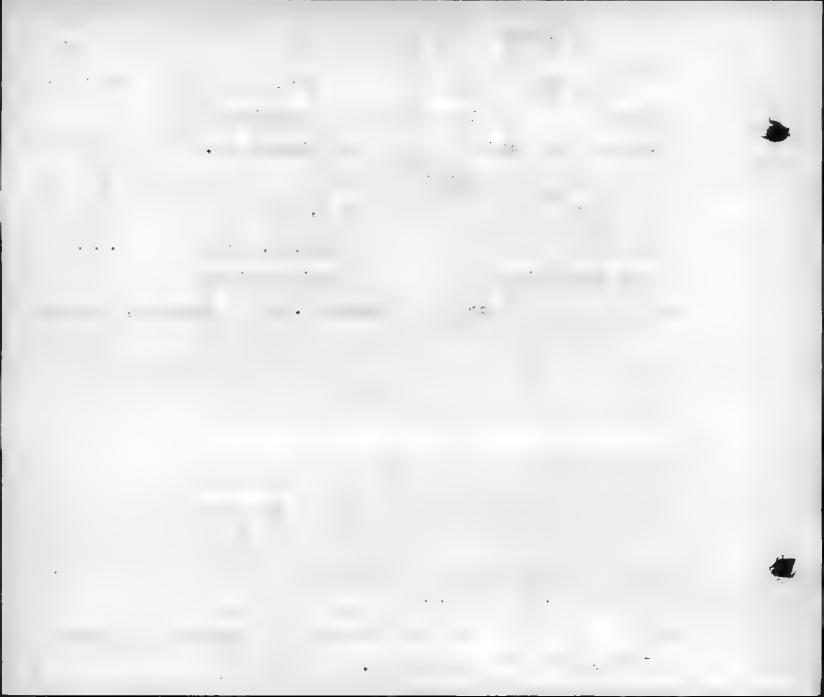
VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
2400	CERTIFICATE	OF	DEATH		

02403

									Reg. Dist	. No.	200	
1. PLACE OF DEATH	4			- 11	USUAL RESIDENC	E (Where	deceased		on Residenc	e before	admissi	on)
	shington		MARYLAI	MD D		rylar	ad.	b. COUNTY	T	lash:	ingt	OB
RURAL and give r	*	ls, wrile	c. LENGTH OF STAY IN		c. CITY OR TOW!			ite limits, write R	URAL and g	ve neare	st town)	
Hagersto	WEL ITAL (If not in haspital, g	ive street	1 month 20	day		E2.	town				NO DECL	NEL 100
OR INSTITUTION	ton County		· ·		331 Lix		ore A	7e.			ON A	
. NAME OF	Fir	rst	Middle		Lost	1	DATE	Mon	ıb.	Day	V.	eor
(Type or print)	HISLIEN		LOUISE]	REEL		OF	Februar		8		9 59
SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED		ATE OF BIRTH		9	AGE (In years lost birthday)	IF UNDER I			
Female	White	WIDOWE	tread to			1907		51 yrs	Months	Days I	Hours	Min
9a USUAL OCCUPATI during most of war	ON (Give kind of work in rking life, even if retired	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11 BIRTHPLACE	(State or	foreign cou	ntry)	12 CITI	ZEN OF	WHAT	COUNTRY
Housewi		'			Hagerst	town.	Mary	rland	I T	J.S.	A .	
3. FATHER'S NAME				1	. MOTHER'S MAIL							
John	Coover Kni	eslej	7		Bessie	May	Fieg	ley				
S. WAS DECEASEDEV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. INFO	RMANT			Addı	ess			
no		r	one	Bei	njamin F.	Rec	1	Hagers	town,	M	aryl	and_
	ATH {Enter only one co	usa per lir	e for (0). (b), and (c)			7.	-			INTER	VAL BET	WEEN
PART I DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (o	d.	orcues	ud	- 01	me	role .			UNSEI	AND I	AO.
ISIX	DUE TO	-										
Conditions, if a	any, which)											
gave rise to	immediate (-		
lying couse lost.	The under-											
	. (%		CANTED WINDS TO DEATH	0117 5100	DCL LTCD TO THE	750111111						
PART II. O	HER SIGNIFICANT CON	DITIONS_C	ONTRIBUTING TO DEATH	BULNO	RELATED TO THE	TERMINA	L DISEASE	CONDITION GIV	EN IN PART		WAS A PERFOR 'ES	MED?
PART II. OT 20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	JRRED. (E	nter nature af inju	ry in Port	l or Pari I	l of item 16)		14		
20c. TIME OF INJUI	RY Month, Day, Yes	or 20d IN	JURY OCCURRED 204	. PLACE	OF INJURY (Home	, form,	20f. (City o	r town)	ICi	ounly)		(State)
Hour o.m.	19	While of work	Not while	factory	street, office bldg]., etc.)		.,	,	,,		(0.0.0)
£ p. m.	7	or work	of work		(/2	1	1-0	6				
21. I certify t	fai/I attended the	decequ	ed from USE S		_, 197, 19	1.71	2,8	7	.,that I lo	ast saw	the c	decease
alive on	4.6	, 194	, and that de	ath ac	curred at	27)	M, fram	the causes a	nd on the	e date	stated	d abay
	$\Lambda = \Lambda \Lambda I$	^	ŕ					el, city or lown,				E SIGNE
ACTUAL SIGNATURE	us Y/NEE	leco	w	M.D.	159 W. W	Vashi	ngtor	St. H	agers	sown	. Md	
	77								- 22		2/9	750
PHYSICIAN'S NAME (Type)	Philip J. H	irshm	an, M.D.								-//	121
	ON, 226 DATE THEREO		22c NAME OF CEMETER	Y OR CP	EMATORY	22	4 LOCATE	ON (City, town, o			10.	
REMOVAL (Specify		59				22	-		r county)		(Stote)	
Burial		17	Rest Haver	1 CEK				erstown		Mary	Lan	d
3. FUNERAL DIRECTOR Suter-Ronz	er Funeral	Home	ADDRESS			REC'D B	Y REGISTRA		TRAR'S SIGN	4		
R. Frankly	Russ	TICHE	Hagerstown.	Md .	DAY	EFR 1	3 '59	7 -1	11 8 TC	aus		



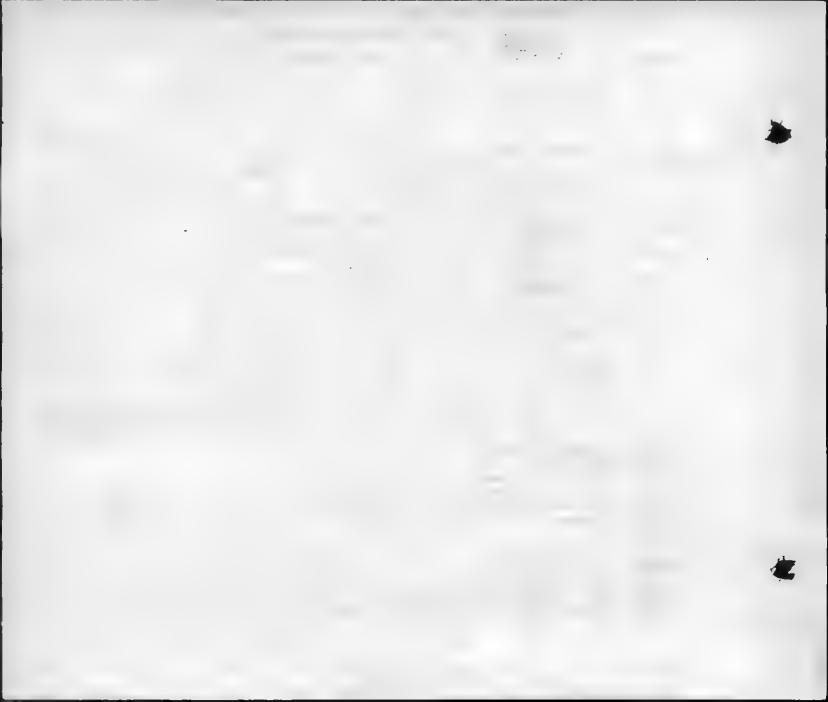
ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORI	, 18
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Red. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY MARICIAND N /LS H I/V.G.TON c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 1 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOTE 4. DATE Month Year OF DEATH BRURU 19 59 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Min. (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14 MOTHER'S MAIDEN NAME Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY PERFORMED? YES NO T 20b DESCRISE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) 20e. PLACE OF INJURY (Home, form, 120f (City or lown) (Stole) (County) factory, street, affice bldg., etc.) Zithat I last saw the deceased M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (Stole) o. MD 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/55



VS A15 (4) 15M 9/55 辋

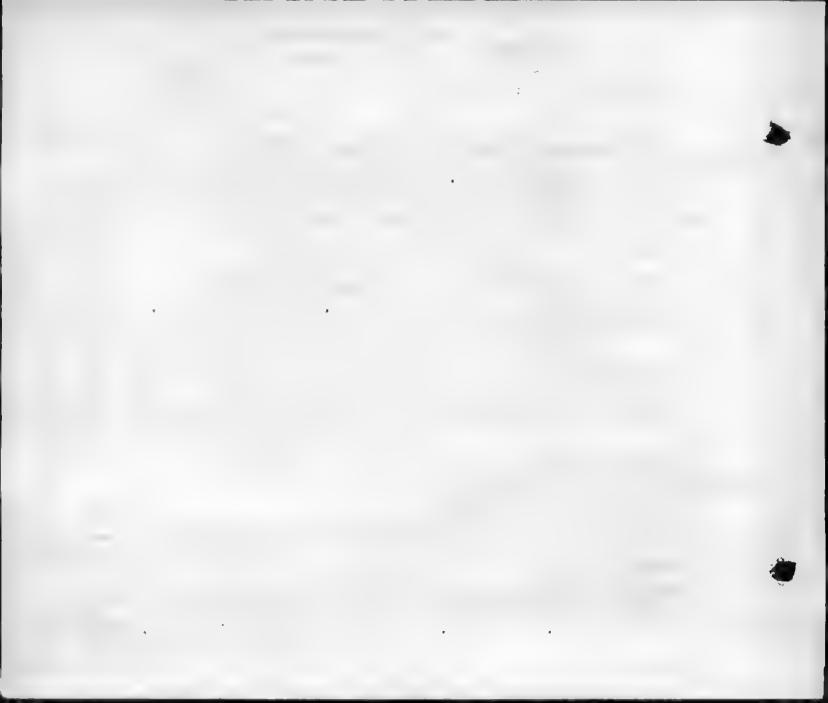
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MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

02405

	24	30	CERTIF	102	TIE OF DEATH			Reg. Dis	l. No.	A 17 (7
1. PLACE OF DEATH o. COUNTY ASHI	N'GT ON		MARYL	AND	2. USUAL RESIDENCE (WIND STATE MARYLAND	ere deceased	lived. If institution b-county BELTI			nission)
b. CITY OR TOWN (If RURAL and give nec	rest lown)	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (IF or			RAL and gl	lve nearest to	own)
SAN MAR	RURAL		7 7/3		WOODLAW	N	/3	_ X _		
d. NAME OF HOSPITA OR INSTITUTION EAHRNEY	KEEDY ME	AORI.			1618 ROLLI	NG R	OAD		ON	RESIDENCE I A FARM? INO [X]
3. NAME OF DECEASED	Fir	si	Middle		Lost	4. DATE	Month	1	Doy	Yeor
(Type or print)	SARAH		E.	R	INEHART	OF DEATH	FEBRUARY	9 1	959	19
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	F UNDER T	YEAR IF UN	
FEMALE	WHITE	WIDOWI	DIVORCED		OCTOBER 3 1	873	85 yrs.	Months (Days Hou	rs Min.
10a. USUAL OCCUPATION during most of works House	ng life, even if relired	done 10b.	KIND OF BUSINESS OR Home	INDUS	TRY II. BIRTHPLACE (Stote of		ountry)	12. CITI		AT COUNTRY
13. FATHER'S NAME	11770		Home		14. MOTHER'S MAIDEN N				USA	
WILLIA	M CULBER	MORT			EMMA	LEID:	T.G.			
15. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		rolling	מסיו יי	d	
IIO	IJO	00.04(0.0)	NO	ES	TER PASEAL		DLAWN MD	-		
Conditions, if on gove rise to im couse (o), stoting the lying couse tost.	mediate (4	le re bra	(Hae mon	lero	72		3	tere, s
CATIC					NOT RELATED TO THE TERMIN			N IN PART	PER	S AUTOPSY FORMED?
	UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED), (Enter nature of injury in P	ort I or Port	t II of item 16.)			
20c. TIME OF INJURY Hour o. m, p. m.	Manth, Day, Ye	or 20d It While at worl	Not while	Oe. PLA	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f (City	or lown]	(C	ounly)	(State)
21. I certify the alive on	of 1 offended the	deceos		deoth	occurred at A	_M, fron	1 19 17, no the couses on treet, city or lown, st	id on th	e dote sto	e deceosed ofted obove DATE SIGNED
PHYSICIAN'S NAME (Type)	G.W.1	nel	hn		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	1/4	1.	
220. BURIAL, CREMAT ON REMOVAL (Specify) BURIAL	FEB.12) 19 ¹	22c NAME OF CEMEN		CREMATORY EMETERY		non (City, town, or	, ,	,	iote)
23. FUNERAL DIRECTOR'S		1124	AQDRESS			BY REGIST			NATURE	with the
	<u> </u>	7	Road	1	Tours.	-				

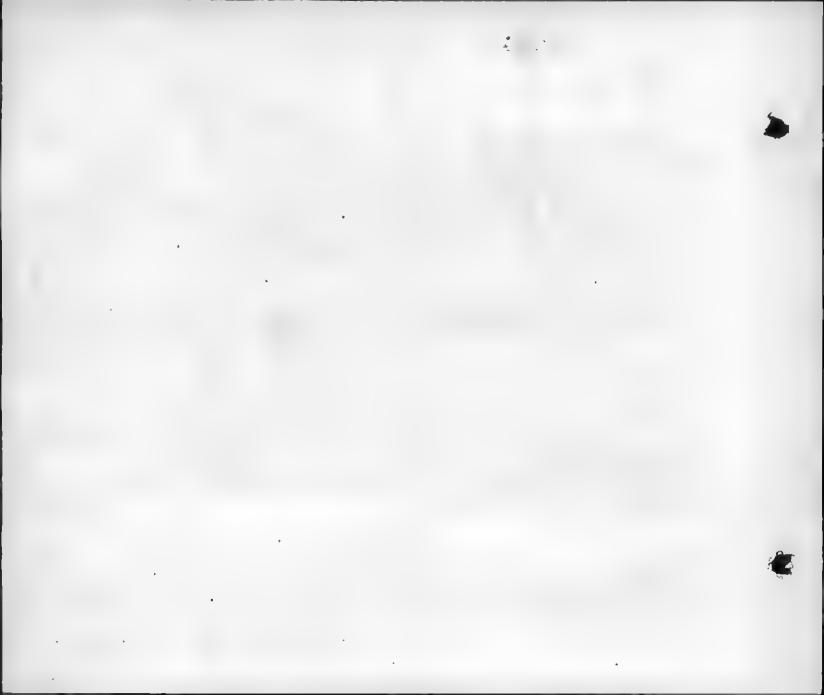


02406

Reg. Dist. No. 302

1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (W			dence before admission)	
. & Buluator					ning ton		
 b. CITY OR TOWN (If outside RURAL and give nearest to 	wn)				nits, write RURAL on	nd give nearest town)	
Hagerstown		3 Weeks	X Chewsvi	lle			
d. NAME OF HOSPITAL (IF A			d. STREET ADDRESS			e. IS RESIDENT	CE V/2
Wash County	"OSDITEI		Box 67			YES 🔣 NO	
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Yeor	
(Type or print) I Mil					ebruary		
		RIEGICENEVER MARRIED		lost	E (In years IF UND Manth	DER TYEAR IF UNDER 24	HRS In.
	nite wipow		Nov. 9 190	7 5.] yrs	, buys Hours M	IB,
10a USUAL OCCUPATION (Giv during most of working life	kind of work done 10b even if retired)				. 1	CITIZEN OF WHAT COU	NTRY
Clerk in Eng	neering	Fairchild	San Lar		Md.	USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
Martin S.				L. Welt	У		
15. WAS DECEASED EVER IN U. (Yes, or unknown) (1) Yes, or	na war or dates of service)		INFORMANT		Address		
(Yes, Co or unknown) (It yes, or	31	7-09-9834 Pa	le B. Rohre	r Chews	ville Wa	ish. Co Ma	,
18. CAUSE OF DEATH [E		ine for (a), (b), and (c).]	Box	67		INTERVAL BETWEE	
PART I. DEATH WAY	CAUSED BY:	Co hans	ametosea	Mono ulis	who -	ONSET AND DEAT	
1 " X	DUE TO			1			
Conditions, if ony, which) on Contract, as some							red
gove rise to immedi- couse (o), stating the und		1, 6		. 700		au mi	
lying couse lost.	(c)						
PART II OTHER SIG		CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN P	ART I(o) 19, WAS AUTO	PSY
8						PERFORMED YES [X] NO	
PART II OTHER SIGN PART II OTHER SIGN OR CONTRIBUTING II CAL (IF EITHER, NOTIFY MEDICAL	RLYING 20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Part II of	fem 18.)		
	L EXAMINER)						
20c, TIME OF INJURY Mon			PLACE OF INJURY (Home, form factory, street, office bldg., etc	n, 20f. (City or tow	rn)	(County) (St	tote)
Hour o.m.	19 While	Not while	raciory, sireer, orrice blug., erc]			
21. Leartify that La	ttended the decen-	sed from 2/3/5	.1 19, to2	2/21/53	10 th-t	Lifest serve the select	
alive on 3/2			th accurred at 5 A				
01110)	, and mai dea		ADDRESS (Street, ci		the date stated at DATE SI	
ACTUAL SIGNATURE	coad h 1	ce de lier.	126 Non-	th Poter		0/07/07)
		,	_M.U	<u> </u>	<u> </u>		
PHYSICIAN'S II	ml . Tra	Iray (n. N.	Mojanet.	ATT			
220 BUR AL, CREMATION, 22b	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d, LOCATION IS	City, town, or county	y) (Stote)	
Burial 2	23/59		Cemetery			/	
23. FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS		D.BY REGISTRAR	24b. REGISTRAR'S		
Andrew K. Co	ffman Hag	gerstown hd.	DATE	EB 2 4 19	13 75 00 9		

ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 haurs ofter death. Page D FUNERAL DIR DR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registror prior is burial, cremation, or removal, and in any event within 72 hours offer death. TO HOSPITAL OR may be retained TO FUNERAL DIR VS A15 (4) 15M 10/57



VS A1S (4) 15M 10/S7 9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2403 CERTIFICATE OF DEATH

02407

Rea. Dist. No.

					rag. pisi.	NU.
	o. COUNTY Washington	41111	2. USUAL RESIDENCE (WHO D. STATE Maryls	ere deceased lived. If ins	NIY Washi	before admission) ington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	5 weeks	c. CITY OR TOWN (IF o	utside corporote limits, wr ton RFD #		e nearest town)
	d NAME OF HOSPITAL (If not in hospitol, give street of Nashington County Hos	pital	/d. STREET ADDRESS Tilghman	ton RFD #	1.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Mary	Aletha	Roulette	4. DATE OF DEATH FE	Month]	Doy Yeor LO 1959
	Female White widowe	DIVORCED -	Nov. 5 1890	0 ~~	oy) Months D	YEAR IF UNDER 24 HRS. Hours Min
· _	10a. USUAL OCCUPATION (Give kind of work done 10b. 1 Riveter A1:	kind of Business or Indus rcraft	Marylani		U. S	EN OF WHAT COUNTRY
	Theodore Smith		14. MOTHER'S MAIDEN N			
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116 S. (Yes. No. unbnown) 11 yes No. or of dates of services 2.1		rs. Howard		Address rpsbure	g Md.
	1 ~	rcinoma of	the gallbla	dder & Liv	/er	INTERVAL BETWEEN ONSET AND DEATH IT (?)
	Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost.					
1, to 2,	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART I	(o) 19 WAS AUTOPSY PERFORMED? YES NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED). (Enter noture of injury in P	ort I or Port II of item 18)	
	Hour o, m, While	NJURY OCCURRED 20e. PLA Not white tot work	CE OF INJURY (Home, farm, tory, street, office bldg., etc.	20f (City or town)	(Cou	unty) (Slote)
	21. I certify that I attended the decease alive on 2000 59	d fram Jan 1	accurred at 3:05	2M, fram the cause	es and an the	st saw the deceased
	SIGNATURE JAHA Shu	aly,		ADDRESS (Street, city or to Sharpsburg		DATE SIGNED
	PHYSICIAN'S W. H. Sheal		•			
	Burial (CREMATION, 22b. DAYE THEREOF Feb. 12-59	Mt. View Co	emetery	Sharpsbur	g Md.	(Slate)
	23. EUNERAL DIRECTOR'S SIGNATURE:	Ceasis portas	ms	D BY REGISTRAR 24b. R	REGISTRAR'S SIGN	ATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2484

CERTIFICATE OF DEATH

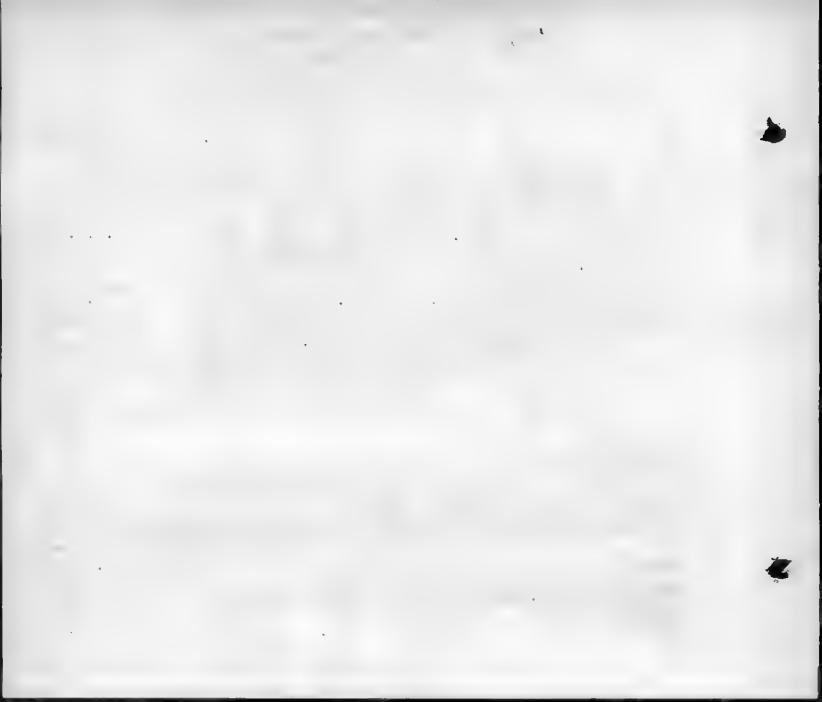
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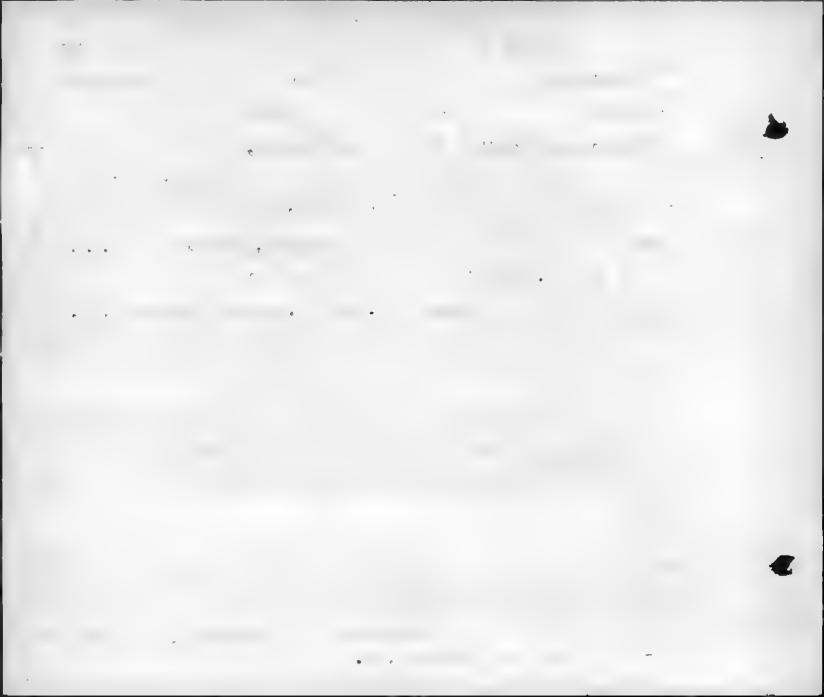
1		-	+		
e funeral director,	rould be filled with		A	く	1
10	5			_	

TO HOLPITEL OR EXTINIBING PHYSICIAN: The law requires that the death certificate be executed within III haves after d=1h. Tage I may be retained by the hospital or attending physician.

TO FUNERAL D. TOR: After this certificate has been signed by the attending physician and campletely filled in the property page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and Labolid be filled with the registrar prior to burial, cremation, or remaval, and in any eventuality 22 hours after death.

<u> </u>	NTU2	4			Reg. Dist. No.
1 (PLACE OF DEATH COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MATYL		ution, Residence before odmission) Y WASHINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURA) and any nagrest lown) HAGLEBTOVIN	LIFE	6. CITY OR TOWN (IF OU 03 HABERSTO		RURAL and give nearest town)
Y	d NAME OF HOSPITAL (If not in hospital, give street of VASTITIVETON COUNTY HOS	PITAL	d. STREET ADDRESS 930A LANV	ALE ST.	e. IS RESIDENCE ON A FARM? YES NO 🔯
	NAME OF BECEASED Type or print) FREDERICK	COOKERLEY	SCHLEIGH	4. DATE OF FEBRU	ARY 21 19 59
5. 5	MALE 6. COLOR OF RACE WIDOWE		7/22/1896	9. AGE (in year lost buthday O & ye	Months Dave House Min
10a	USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired) B	LDG. CONTRAC		r foreign country) LAND	U.S.A.
13.	FATHER'S NAME WILLIAM L. SCHLEIGH		IDA VIRGI	NIA ?	
15 (Ye)	WAS DECEASED EVER IN U. S. ARMED FORCES? 16:	14-09-9316	MRS. BONNIE		HAGERSTOWN MD.
	18. CAUSE OF DEATH [Enter only one cause per line part I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). Broth services of the cause for the part of the cause (o), storing the under lying couse lost.		rcinoma, le to bone, l	ft upper l iver, kidn	obe 5 wooks eys, (certain)
CERTIFICATION	Part II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION G	IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES 1 NO
	206 ACCIDENT WAS UNDERLYING [] 206 DESC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pa	ort for Part II of item 18.)	
MEDICAL	Hour o.m. While	BURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f (City or tawn)	(County) (State)
	21. I certify that I attended the decease alive an February 20, 1959 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) William T. Lay	ed from January 9, and that death M	occurred at 9: 45	M, from the causes DDRESS (Street, city or town 28810081 Ar	and an the date stated above
22a	BURTAT. 2/24/59	REST HAVE	R CREMATORY IN CEM	22d. LOCATION (City, town HAGERSTO	
23.	FUNERAL DIRECTOR'S SIGNATURE W. J. Herment, Hay	ADDRESSY Urstown, 1/2	240, RECO	BY REGISTRAR 246. REC	GISTRAR'S SIGNATURE





VS. A15ME 5M 2 '57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1241(

Reg. Dist. No.

		ALEDIGAL			
27.0	0	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
ぐそり	'O.				

	7. PLACE OF DEATH O. COUNTY Washington	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
	MARYLA MARYLA	o. STATE Maryland b. COUNTY Washington
	b. CITY OR TOWN (founds corporate smith, write RDRAL or LENGTH OF STAY IN and give heavest lown	The CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 222. Hagerstown
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	/d. STR ADDRESS
	Washington County Hospital	118 W. Antietam Street
	3. NAME OF First Middle DECEASED Widdle	Losi 4. DATE Month Doy Year
	(Type or print) Faith Lou	17/
	5. SEX 6. COLOR OR RACE 7. MARRIED E NEVER MARRIED	
	Female White WIDOWED DIVORCED	May 20, 1925 33 yrs Mann
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired) Restaurent - Proprietor	Berkley Gounty W. Va. USA
1	13. FATHER S NAME	
	Edward J. Boward	Neilie M. Starliper
4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 1	7. INFORMANT Address
	(Yes no, er withnown) No	Franklin E. Shafer, Jr Hagerstown, Md
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	DART I DEATH WAS CAUSED BY	ONSET AND DEATH
		Ogauge) wound into abdomen
		morrhage and snock
	Cenditions, if any, which (b)	The same of the sa
	(e), stating the underlying DUE TO	
	/ (1)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 200 EXTERNAL CAUSE WAS PRIMAR MOOR CONTRIBUTING II CAUSE OF DEATH SUCCESSION SHOWS INJURY OCCURRENT Shot in abdomen	PERFORMED?
	206 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED	YES NO
		PLACE OF INJURY (Home, Form, 120f (City or town) (County) (State)
	9:0000 Feb. 7 1959 White Not white of work S	Restaurent Hagerstown Wash Md
	21. I certify that I took charge of the remains described a	bave, held on Autopsy K. Inspection X. Inquiry . and in my
	opinion death resulted from: Natural causes	- Thomas - T
	000-1),000.	
	SIGNATURE SIGNATURE SIGNATURE	M D CHIEF MEDICAL EXAMINER
	EXAMINER'S S Robert Wolls M.D	ASSISTANT MEDICAL EXAMINER 2-7-59
	EXAMINER'S NAME (Type) S. Robert Wells, M.D.	DEPUTY MEDICAL EXAMINER 🔀
	270 BUR AL, CREMATION, 27b. DATE THEREOF 22c NAME OF CEMETERY	(3,0,6)
	Burial 2/10/59 Spring Mi	1 Cemetery Berkeley Co. W.Va.
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	Howard Brown Martinsbur	8 W. Va. DATEEB 1 0'59 arthur & Krays

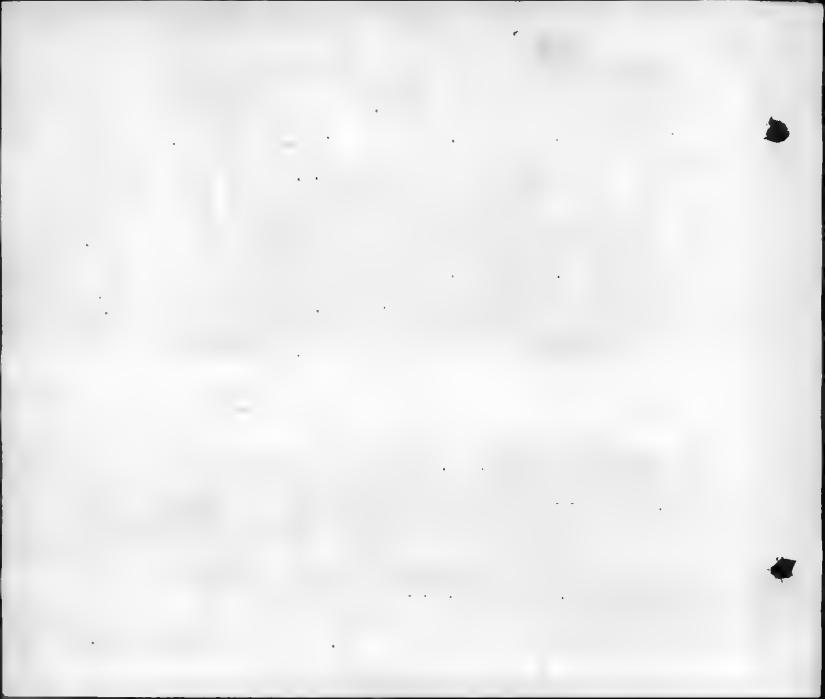


FOR STATE HEALTH DEPT.

funeral funeral stained Page and pages 1 xecuted within 24 hamm often 1 in them. 18. Give Pages 1, fice along with form PM3. ransit permit. File pages 1 orded CTOR: should FUNER

Q 6 4 Q VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY WASHINGTON MARYLAND b. CITY OR TOWN III outs de corporate limits, wi a RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and a ve nearest town) HAG1 I STOV.N d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not us bospilar pive street oddress) e IS RESIDER- E ON A FARMA POTOMAC ST. 163 S. YES NO P 3. NAME OF Middle DATE DECEASED FRANKLIN ELLSWORTH SHAFFR JR. FEBRUARY (Type or print) 50 DEATH 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9 AGE Ille years IFUNDER TYEAR IF UNDER 24 HES lost birthday) Months Doys Havrs WIDOWED X DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working (fe, even if retired) 12 CITIZEN OF WHAT COUNTRY? ASSEMBLER PENNSYLVANIA U.S.A. AIRCRAFT CO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALICE DRILL FRANKLIN E. SHAFER SR. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address AGERSTO: N MRS. ALICE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Gun shot into chest in cardiac region IMMEDIATE CAUSE (a) gauge shotgun **DUE TO** Conditions, if any, which gave tise to immediate cause DUE TO (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort I or Part II of item 18) 20a. EXTERNAL CAUSE WAS PRIMARY & For CONTRIBUTING Shot self with 16 gauge shotgun after having shot wife CAUSE OF DEATH. 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) Not while Wash Md of work of work X Hagerstown In Automobile 8:00 p.m 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry and in my apinion death resulted from: Notural causes . Accident . Suicide X, Hamicide , Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 2-10-59 S. Robert Wells, M.D. **EXAMINER'S** DEPUTY MEDICAL EXAMINER X NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) HAGERSTO 23 FUNERAL DIRECTOR'S SIGNATURE 24e REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE FER 1 3 '59



CERTIFICATE OF DEATH 2408 Reg. Dist. No. il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Peridence before admission) a. COUNTY **b.** COUNTY MARYLAND NO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give necrest town) HAGERS TOWN d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION 4000 FOR YES NO IV DESTERN . 5 NAME OF First 4. DATE Middle Doy Yeor Month DECEASED OF 195 (Type or print) DEATH 9, AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS COLOR OR RACE 8. DATE OF BIRTH 5. SEX MARRIED NEVER MARRIED Days Months Hours WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mechanic 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? DE. SOCIAL SECURITY NO 17 INFORMANT Address 4000 -0.5 attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) ò Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES X NO 🗌 200 ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IN CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, fEnter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Nat while of work of work 1954, that I last saw the deceased 21. I certify that I attended the deceased from D and that death occurred at 9-13 APM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220 BURIAL CREMATION, 22d LOCATION (City, town, or county) DATE THEREO CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) O 240. REC'O BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. . ~ + 23 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE.

18	_
	2413
Reg. Dist. No	
ution: Residence bef	
Y Washing	
RURAL and give n	earest town)
R#5	
_	e. IS RESIDENCE ON A FARM?
h Doy	Yes NO
0.9,	19 59
	IF UNDER 24 HRS.
Months Days	Hours Min.
12. CITIZEN OF	WHAT COUNTRY?
USA	
n	
own, Md. R	
INTER	YAL BETWEEN T AND DEATH
1	
EN IN PART 1(a) 15	P. WAS AUTOPSY PERFORMED?
	PERFORMED?
(County)	(State)
-	-
Inquiry []	, and find that
cause .	
	DATE SIGNED
2-10	-59
or county)	(51ate)
(Clearspr	

b. COUNTY

Feb

YYS.

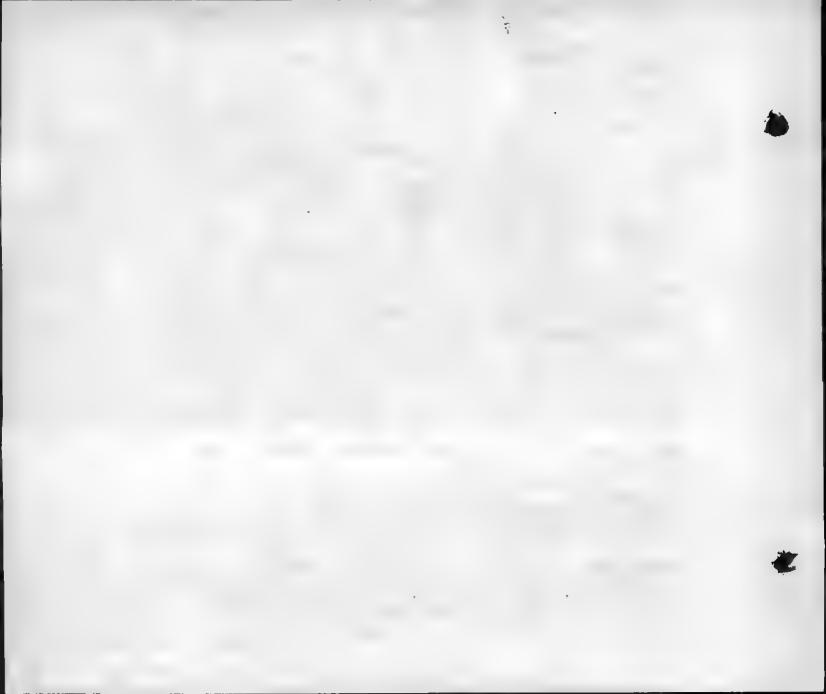
Address

24b. REGISTRAR'S SIGNATURE

Hagersto

lost birthday)

5M 9/55

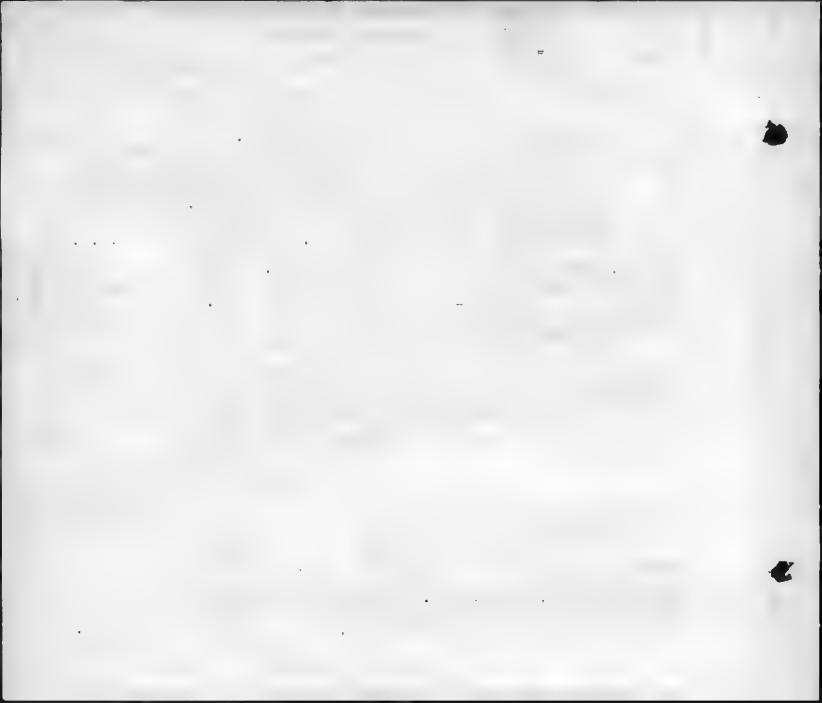


- 1-					Reg. Dist. No.
	. PLACE OF DEATH COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (WIND STATE MARYL		N ASHINGTON
	b CITY OR TOWN (If outside corporate limits, write RURAL and give percent (own)	LIFE	HAGERST	utside corporate limits, write RL	JRAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospitol, give street MARTINITIONANOR REST HOM.	oddress) E	d street address 245 MILL	ST.	Is residence On a farm? Yes No
1	NAME OF First DECEASED (Type or print) JOHN	WALTER	SMITH	4. DATE Mont OF DEATH FEBRUA	
1	MALE 6. COLOR OR RACE 7. MARS		B. DATE OF BIRTH UNKNOWN	9. AGE (In years year) pythology)	Months Days Hours Min
1	00. USUAL OCCUPATION (Give kind of work done 10b during mon' of working life even if retired) RETIRED LABORER	KIND OF BUSINESS OR INDU MOVING & STO		or foreign country) APYLAND	U.S.A.
1	JOHN O. SMITH		14. MOTHER'S MAIDEN N SARAH C	. WALTER	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (You not high process) (It yes, give wer or dollar of service)	SOCIAL SECURITY NO 17 217-10-2544	MISS CATHE	RINE W. EMBE	
	Y TOR CONTRIBUTING TO CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT		NAL DISEASE CONDITION GIVE	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D
	20c. TIME OF INJURY Month, Day, Year 20d II Hour o. m. While	4-	ACE OF INJURY (Home, farm, clary, street, office bldg , etc.	20f (City or town)	{County} (State)
	21. I certify that I attended the decease alive an 2/11/59		occurred at \$2504	M, from the causes at ADDRESS (Street, city or town, s	that I last saw the decease and on the date stated above the DATE SIGNED ATTERNATION TO THE CONTRACT OF THE CO
	PHYSICIAN'S HOWARD IL Wook		Hacenata		
_	20. BURIAL CREMATION, 276 DATE THEREOF REMOVAL Specify) 2/15/59	ROSE HILL	CEM.	22d LOCATION (City, town, or HAGERSTOW	
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRES			TRAR'S SIGNATURE

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, ald be pled with may be retain 1939, the haspital ar attending physician.

TO FUNERAL D CTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remover-Corbon papers. Pages 1 the registrar prior to burial, crematian, ar removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/SS

P.



OR STATE HEALTH DEPT.

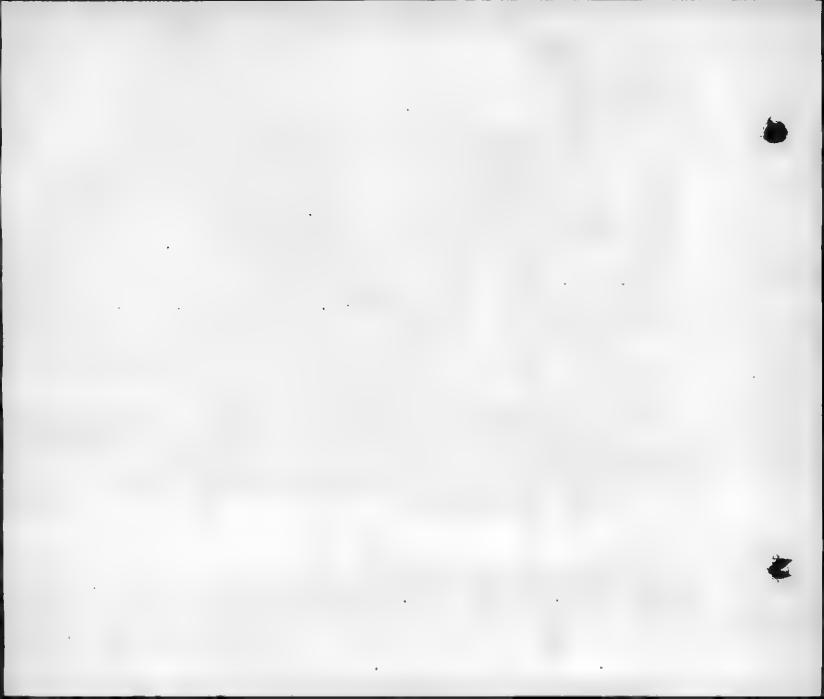
in necessary, phose of control of the state of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any detay is n execute the contract, writing the ward "pending" in pendi in Item, 18. Given Pages 1, 2, and 3 to the funeral 4 should be saided to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DILLIOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 or its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2 '57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02415

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 302

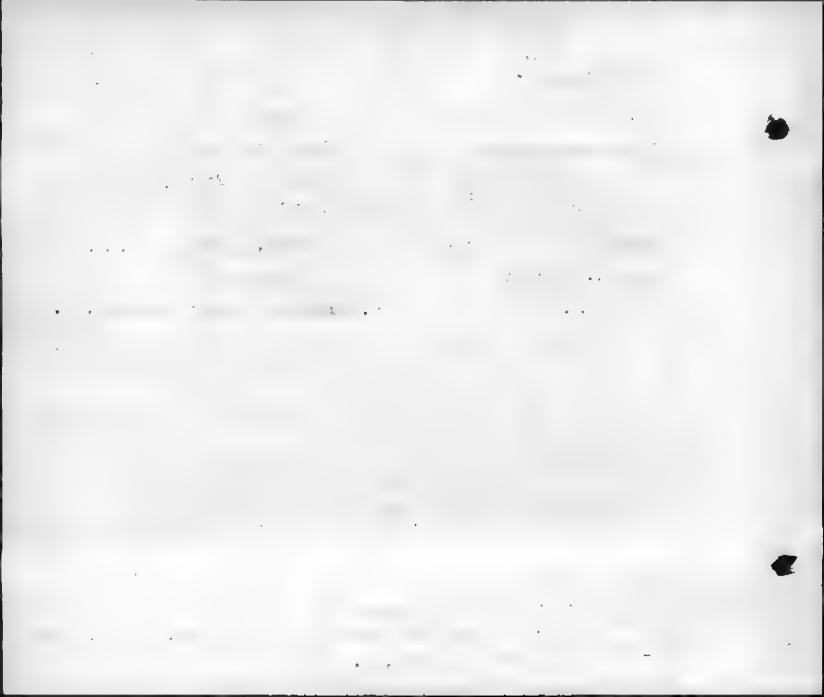
			7		-
PLACE OF DEATH	.,			Where deceased lived. If institution	· · · · · · · · · · · · · · · · · · ·
ashington		MARYLANI	"MAY vlan	d Washin	gton
b. CITY OR TOWN (If outside corporate firm	Is, write RURAL	c LENGTH OF STAY IN TH	c CITY OR TOWN (f outside corporate limits, write Rt	
Hagerstown R #	5	30 Yrs	X Hager	stown R # 5	
d. NAME OF HOSPITAL OR INSTITUTE	ON (If not in has	pital, g ve street address)	STREET ADDRESS		e. IS RES DENCE ON A FARM
Leitersbur	g Pike		Leite	rsburg Pike	YES NO
3. NAME OF OECEASED	First	Middle	Losi	4. DATE Month	Doy Year
	IAM	W	SMITH	DEATH Februa	ry 3 195919
5. SEX 6. COLOR OR I	ACE 7. MARRIE	DE NEVER MARRIED	B. DATE OF BIRTH	1-16-45-5	FUNDER TYEAR IF UNDER 24 HRS.
Mele Whi	te WIDOWE	DIVORCED [October 5	1889 69 yrs.	Aonths Days Hours Min.
10a USUAL OCCUPATION (Give kind of	work done 10b. K	IND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if ref	ired)	Own Farm	Foxville	Fred Co Md.	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
William H.	Smith		Mary B	aker	
15. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16	SOCIAL SECURITY NO 17.	INFORMANT	Address	a more
(Yes, no. er socknewn) (if yes, give war er d	ates of service]	None I	Etta K. Smi	th Hagerstown	Md. R # 5
18. CAUSE OF DEATH [Enter only or	ne couse per line	for (o), (b), and (c)]			INTERVAL BETWE 14 DINSET AND DEATH
PART I. DEATH WAS CAUSED	\$Y:	Acute Corona	ry occlusion		CASEL WAS DEVILE
420./ IMMEDIATE CAU	E 10		., 0001011011		-
Carditions, if any, which)					
gave rise to immediate cause	(b)				
(a), stelling the underlying	E TO				
	CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NALDISEASE CONDITION GIVEN	N IN PART I(a) 19, WAS AUTOPSY
PART II, OTHER SIGNIFICANT 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.					PERFORMED? YES NO (7)
20g. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D	206 DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of injury in Po	rt I or Port It of item 18 }	
CAUSE OF DEATH.		none			
3 20c, TIME OF INJURY Month, Do	y, Year 20d. I	NJURY OCCURRED 200 PI	ACE OF INJURY (Home, for	m, 20f. (City or town)	(County) (State)
20c, TIME OF INJURY Month, Do	White	Not while	ctory, street, office bldg., etc NONE		
21. I certify that I took ch				y Daspection [v]	Inquiry , and in my
opinion death resulted from					
	/	\	LI, soldide LI,	ridificide [], Ondefern	ninea manner [_]
ACTUAL SIGNATURE	Rest.	mello	CHIEF MEDICAL E	XAMINER []	DATE SIGNED
SIGNATURE			M.D. ASSISTANT MEDIC	CAL EXAMINER [7]	2-4-59
EXAMINER'S S.	Robert W	Vells, M.D.	DEPUTY MEDICAL		2-4-79
220. BURIAL CREMATION 226 DATE TI	+EREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d LOCATION (City, fown, or	county) (State)
Burial 2/6	/59 1	Bethel Ceme	terv nea		ed Co Md.
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	24o. REC		RAR S SIGNATURE
andrew K. Coff	man Ha	gerstown Md	DATE	B 9 '59 C ''	n S Kraud



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

			×49. ₽	7131, 140. JOE.
1. PLACE OF DEATH O. COUNTY Washington	MARYLAND	o. STATE	ere deceased lived If institution Reside	
b CITY OR TOWN (If autside carporate limits, writ	le c. LENGTH OF STAY IN 16	Maryla	UTKQ WS utside corporate limits, write RURAL and	shington
RURAL and give nearest town)				dise nearest town!
Hagerstown	5 days	Hagerst	COMM	
d NAME OF HOSPITAL (If not in hospital, give stri OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Washington County Hospi	tal	1901 Jeffe	erson Boulevard	YES NO
3 NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) CHARLES	WILLIAM	SODERGREN	DEATH REDITURITY	18 1959
5 SEX 16. COLOR OR RACE 7. M	MARRIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
Malla Malla	OWED DIVORCED T	June 8, 1908	last birthday} (Months	Days Hours Min
10a USUAL OCCUPATION (Give kind of work done)				ITIZEN OF WHAT COUNTRY
during most of working life, even if retired)				
Timekeeper	Railroad			U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Johann V. Sodergren			Groot	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. no. or unknown) [19 yes, give wor or dates of service]	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
Yes W.W. II	Mr	es. Margeurite	s Sodergren Hager	stown, Md.
18. CAUSE OF DEATH [Enter only one couse pe	er line far (a), (b), and (c).]			INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY:	Nephroscleros	do		ONSET AND DEATH
	webuthserenes	15		16 mo.
446 X DUE TO				
Canditions, if any, which (b)				
cause (a), stating the under: DUE TO				
tying couse last. (c)				
PART II OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED?
Hypertensive v.	ascular disea	se		YES NO
	DESCRIBE HOW INJURY OCCURRE		Part I or Part II of item 18.)	
200. ACCIDENT WAS UNDERLYING (CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 29c. TIME OF INJURY Month, Doy, Year 20	d INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form	20f. (City or fawn)	(County) (State)
Haur o.m.	hile Notwhile foo	ctary, street, office bldg., etc.)	(0.00)
	work of work	2 to 20		
21 I certify that I attended the dece	eased from Oct. 30	19.57, to Fe	b. 18 , 19 59,that I	last saw the deceased
olive on Feb. 18	2 <u>59</u> , and that deoth	occurred at 1:55	PM, from the causes and an	the date stated above
1000			ADDRESS (Street, city or tawn, state)	DATE SIGNE
SIGNATURE & Julian	stan	un 148 West	Washington St.	2/20/59
PHYSICIAN'S NAME (Type) Dr. B. B. Kni	eislev	Haranata	wn, Maryland	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY O		22d LOCATION (City, town, or county)	(f) !
REMOVAL (Specify)			,,	1
Surial 2/21/1959	Rest Haven Co		Hagerstown,	Maryland
23 Suter Rouzer Funeral Ho	ADDRESS	24a REC'S	D BY REGISTRAR 24b, REGISTRAR'S S	4 10
R. Franklin ilmin	Hagerstown,	MO DATE FF	87,459	Y TO MA



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FOR STATE HEALTH DEPT.

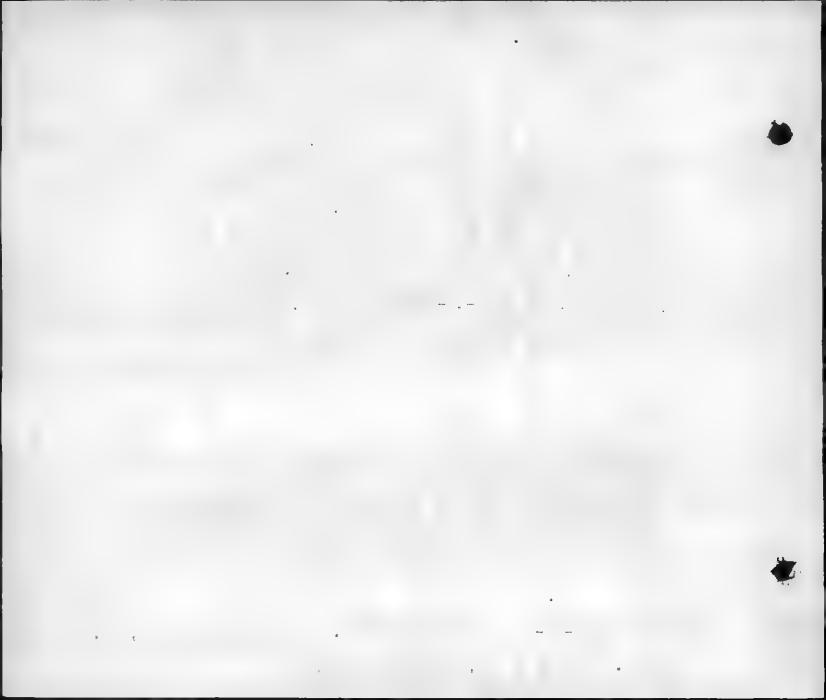
sary, please ctor. Page our files. No. 10 DEPUTY M. I. L. EXAMINER: This certificate shared in terminal 24 hours ofter death. If any delay is execute the costs, writing the word "pending" in pending in them, 18. Give Pages 1, 2, and 3 to the funeral should be norded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bod or its designated agent, prior to burial, cremotian, or removal, and in priy every within 72 hours after death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2434MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	3	1-3	4	1	7	
		-	-		_	

~ ************************************						Reg.	Dist. No	5.	
PLACE OF DEATH Washingto	on	MARYLAND	2. USUAL RESIDENCE (W		ed lived If institu			ngto	
b. CITY OR TOWN (if outs do corporo a limits. Smitheburg	write #GFAs	4 yrs	Smithst		orate limits, write	RURAL of	nd give n	regrest to	wn)
d. NAME OF HOSPITAL OR INSTITUTION 68 S. Main St		tal, give street address)	d. STREET ADDRESS	Stre	et			QN	ESIDENCI A FARMI
3. NAME OF DECEASED (Type or print) JE	fint ane	Middle Foltz	Spitzer	4 DATE OF DEATH	Mant Feb		Doy	Y	959
5. SEX Female White	WIDOWED		Jan. 10,1916	5	9 AGE (In years lost tyrthday) 45 yrs	IF UNDE Months	R TYEAR Days	Hours	ER 24 HR
100. USUAL OCCUPATION (Give kind of we during most of working life, even if return Drags Making	MET .	ND OF BUSINESS OF INDUST	RY 11 BIRTHPLACE (Store Leiters)			12 CI	USA	F WHAT	COUNTR
13. FATHER'S NAME Harvey C. Al			Lucy E. F	oltz				-	
15. WAS DECEASED EVER IN U. S. ARMED (W yes, give wor of dole No —	FORCES? 16. SO 1 of 1411/103 213		therine L. De	laute	r- Caveto	own,	-ary	rland	1
18. CAUSE OF DEATH Enter only one PART I, DEATH WAS CAUSED 6' IMMEDIATE CAUSE OTHER DUE Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last.	(c) Su (c) Su (c) Su	ffocation by					ONSI	RVAL JETWI	AtH
PART H. OTHER SIGNIFICANT C		HOW INJURY OCCURRED IES						P. WAS PERFO	AUTOPSY RMED? NO 🔀
Zoc. TIME OF INJURY Month, Day, Hour a.m. Feb 13	Year 20d. IN While of work	JURY OCCURRED 20e. PLACE lacto of work H	CE OF INJURY (Home, form, ry, street, office bldg , etc.)	201 (City Smi	or town) theburg,	Was	ounty)	Md	(Stote)
21 I certify that I taak char opinion death resulted from.				_	The state of the s		manne	*	d in my
ACTUAL SI ROLLE	tus	elly	M.D CHIEF MEDICAL EX					DATE S	IGNED
		elle, M.D.	ASSISTANT MEDICAL E	XAMINER E	1		. 2	2-16-	-59
burial Pecify) 2-18		Cedar Lawn	Mem. Garde	n H	agersto		Md.	(Store	0)
23 FUNERAL DIRECTOR'S SIGNATURE	0 0	ADDRESS		BY REGISTI	AR 24b. REGIS	TRAR S SI	GNATUR	RE	
Scott F. Minnich	i & Son	, Smithsbur	C. Md. QATER 1	0 '59		47	2.0		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEICATE OF DEATH

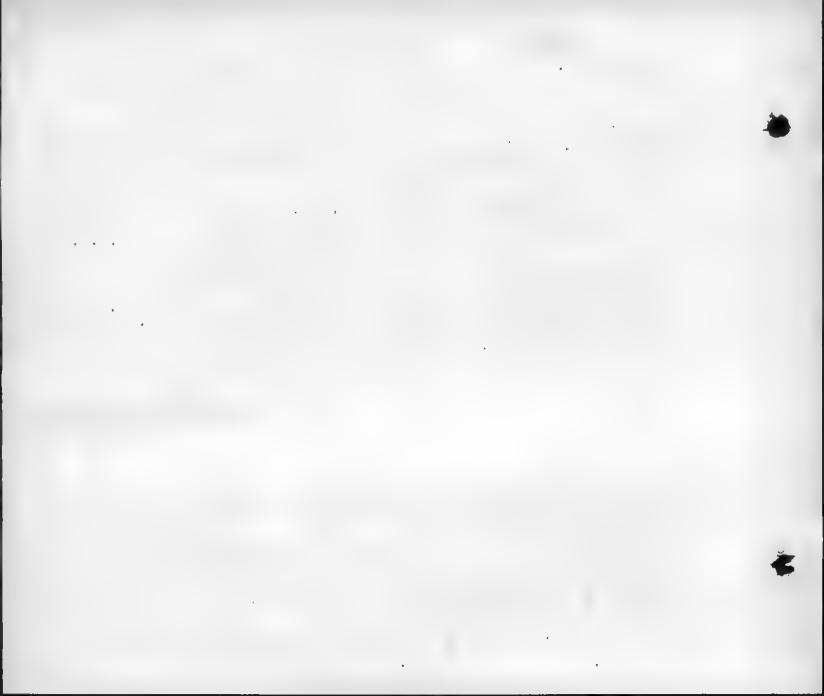
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Ł		2416		CERTI	FICAI	E OF DEATE	1		Reg. Dist	. No.	
	1. PLACE OF DEATH	Ington		MARY	11	USUAL RESIDENCE (WHO O. STATE	2	lived If institution b. COUNTY		before od	
ľ	b. CITY OR TOWN (If	outside corporate fim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o		ole limits, write RL			
I	RUSAL and give ned	town		2 Days		Hager	stown				
	d. NAME OF HOSPITA OR INSTITUTION Washington					d STREET ADDRESS 38 East	Ave			10	RESIDENCE N A FARM?
Ī	3 NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mont	h	Day	Yeor
I	(Type or print)	Edgar		Lemue	1	Strock	OF DEATH	Febru	ary	20	19 59
ĺ	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		ATE OF BIRTH	5	P. AGE (In years loss-burthday)			NDER 24 HRS
l	Male	White	WIDOWE			Jan. 27,18	000	f L yrs.	Months [Doys Hou	ors Min.
	100. USUAL OCCUPATION during most of working PATMET	I (Give kind of working life, even if retired	done 10b.	Retired	R INDUSTRY	Hagersto				J. S. A	AT COUNTR
Ì	13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N					
l	Wille	oughby	Stro	ck		Lo	ouise	Stock	slage	er	
ľ	15. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO	17 INFO			Addr			
l	No	yes, give wor or dollar or	212	3-14-7040	Mr	s Ava M S					
ľ	18. CAUSE OF DEAT	H [Enter only one co	use per lin	se for (0), (b), and (c),			He	rgersto	WIL.	INTERVAL	BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	, M	YOCZYL	izl	Intar	ction	^		2	NO DEATH
١	400.0	DUE TO)	*	-						
ł	Conditions, if on		, C6	oto hier	/	hrombi	vi va			9.0	12 XI
Į	gove rise to im couse (a), stating th			/	,	4.1	,				
ı	lying cause lost.) (c	1_A	rterios		otic Hee		112521	-	12 >	1-7
ı	PANT II OTHE	R SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE TERM!	NAL DISEASE	CONDITION GIVE	EN IN PART		AS AUTOPSY REORMED?
l		is pete	4	Mellitu	2					YES	□ NO D
	200. ACCIDENT WAS OR CONTRIBUTING E	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	286. DESC	TRIBE HOW INJURY OF	CCURRED (E	nter noture of injury in f	Port 1 or Port	Il of item IB.)			
ı	20c. TIME OF INJURY	Month, Doy, Ye			20e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	20f. (City (or town)	(Co	ounty)	(Stote)
ı	Ø p. m.	19	While of work	Not while	,		1				
l	21. I certify tha	t I attended the	decease	ed from 0 C		., 1947, to E	26. 20	9 19.5-9	that I la	ist saw ti	he decease
ı	alive an					curred at 3.50 6					
ı	.0	0 1		11 11				eet, city or town, s		,	DATE SIGNE
ı	SIGNATURE	land C	<u> </u>	Hos/ me-	M D	214 14-	Pot	Chac	·	2/1	2/54
	PHYSICIAN'S NAME (Type)	loyd A	1 - /+	6 = Fmi	<u> </u>	Haser	sta n	en.	m	4.	
f	220. BURIAL, CREMATION REMOVAL (Specify)	226. DATE THEREC)F	22c NAME OF CEME	TERY OR CE	EMATORY)	22d. LOCATIO	ON (City, lown, o	r county)	(5	Stote)
	Burial	Feb. 2	2/59	Rose Hi	11 C	ametery	Hage	erstown	Mai	rylar	ıd
1	23 FUNERAL DIRECTOR'S			ADDRESS			N REGISTR	AR 246. REGIS	TRAR'S SIGN		
I	Andrew h	C. Coffua	n H	agerstown	1. Md	BUTT			195	CONTA	

neral director, d be filed with G HOSTIAN OR ATTINITIES PHYSICIAN: The for require that the death certificate be executed within 24 hours after death. Tage ■ may be retained. The haspital ar attending physician.

TO FUNERAL DIT R. After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. the haspital ar attending physician.

R: After this certificate has been signed by detached for use as the burial-transit permit. VS A15 (4) 15M 10/57





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02420 **CERTIFICATE OF DEATH** 2411 Reg. Dist. No. director death, Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY b. COUNTY Washington MARYLAND Maryland Washington ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) RURAL and give necres town)
Hagerstown Life Hagerstown hours after d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? 123 Randolph Ave. ashington County Hospital YES NO TO 4. DATE NAME OF Middle Day First Month Year DECEASED (Type or print) ROBERT FRANKLIN DEATH THOMAS JR Feb. 6 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12 B DATE OF BIRTH P. AGE (In years last birthday) 5. SEX Haurs Jan. 18, 1959 White Male WIDOWED [] DIVORCED 12. CITIZEN OF WHAT COUNTRY? 19a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) None None Hagerstown . Md. USA and carbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician death certificate Robert F.Thomas Hazel R. Alter hour 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hagerstown. Md. No Robert F. Thomas 123 Randolph Ave. None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO ۵ Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. TARE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161-119, WAS AUTOPSY PERFORMED? YES NO (aaro 206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port II of item 18) 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) Hour a.m. Not white of work of work 192 1, that I last saw the deceased 21. I certify that it attended the deceased fram, alive on ... 7-22/1M, from the causes and on the date stated above and that death occurred ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 226. DATE THEREOJ 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify)
Buria I 2/8/59 Rest Haven Cemeterv Hagerstown Md. 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Rest Haven Funeral Chapel Inc. Hagerstown, Md. VS A15 (4) 15M 9/55 DATE FEB 150 Horst -U/Les



12	CERTIFICATE	O
1.6	CERTIFICATE	V

OF DEATH	r F
OI DEATH	Reg. Dist. No.

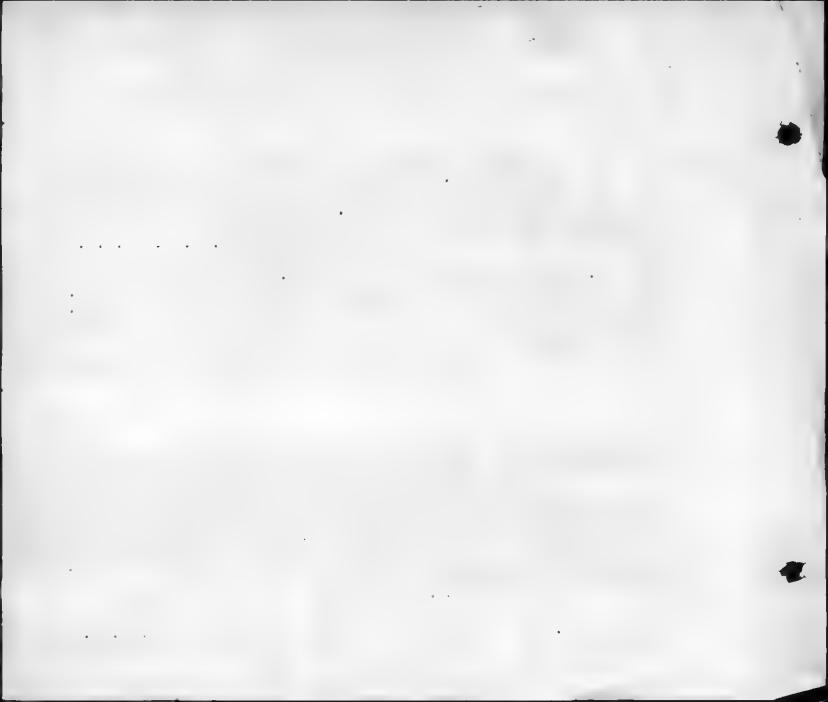
1. PLACE OF DEATH	ragiost	MARYLAND	2. USUAL RESIDENCE (WI o. STATE MARTIAND	here deceased lived. If instituti b. COUNTY		admission)
b. CITY OR TOWN (IF RURAL and give nec	outside carparate limits, write prest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write R	URAL and give near	rest town)
HAGERST(d. NAME OF HOSPITA OR INSTITUTION	OW N AL (If not in hospital, give street	ONE MOUTH	HAGERS d. STREET ADDRESS	STOWN .		. IS RESIDENCE ON A FARM?
JACKS	ON CONVALESC	ENT HOME	526 BROWN	AVELUE		YES NO
3. NAME OF DECEASED (Type or print)	MAUDE	Middle C W	ACHTER	4. DATE Mon	,	
5 SEX		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)		
FEMALE	WHITE WIDOW		JANUARY 17	1885 74 yrs.	Months Days	Hours - Min
during most of working HOUSE WIF	N (Give kind of work done 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU		or foreign country) O WASH.CO.MT		WHAT COUNTRY?
13 FATHER'S NAME			14 MOTHER S MAIDEN I	NAME	<u></u>	
	E.YOUNG		ELLA B.	COST		
15. WAS DECEASED EVER [Yes, no or unknown] NO	IN U. S. ARMED FORCES? 16. I yes, give wor or dates of service)	43 44	ISS EVELYN		BROWN A	
	TH [Enter only one couse per lith WAS CAUSED BY: IMMEDIATE CAUSE (o)	no for (o), (b), and (c).]	Hemortia	e()		RVAL BETWEEN ET AND DEATH
Conditions, if on gove rise to im cause (o), stoting to lying cause lost.	y, which (b)	He wing Cope	à lucité.	2	<i>31</i> .	nc.
PANT II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	/EN IN PART 1(o) 19	WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part 1 or Part II of item 18 j		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. I 19 White of wor	Not while fo	ACE OF INJURY (Home, form clory, street, office bldg., etc	n, 20f (City or town)	(County)	(Stote)
21. I certify the alive on Tell	3 1/ Augustus	, and that death		AM, from the causes of ADDRESS (Street, city or lown, nington St., He	and an the date state)	DATE SIGNED
PHYSICIAN'S PI	nilip J. Hirshn	an, M.D.		5. 	k v pa mada v maga mendige ga pa da	
220. BURIAL, CREMATION	FEB.24 195	22c NAME OF CEMETERY OF BOONSBORO	CENETERY	22d LOCATION (City, Iown, OONSPORO WA	or county)	(Stote)
23. FUNERAL DIRECTOR'S	SIGNATURE Bad	Aboress Down	240. REC'		STRAR'S SIGNATUR	

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour effect death. Page 4 may be retail by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by 2 funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

K

VS A15 (4) 15M 9/55



FOR STATE HEALTH DEPT.

TA.

ctor. Page your files. d of Health, DEPUTY M. AL EXAMINER: This certificate should be exacted within 24 hours after death. If any delay is ecule the case, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funerathould be the worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained through the Transit permit. File pages 1 gaps 5 may be retained the MERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 gaps 2 with the State 81 is designated agent, prior to burial, cremation, ar removal, and in any event with 172 hours effer death

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TO DEPUTY MI AL EXAMINER: This certificate show	execute the ca'e, writing the word "pending" in	500	TO FUNERAL DIRECTOR: Page 3 should be used as a !	•
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5/	W S	1/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 24 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02422 Reg. Dist. No.

	COUNTY	Washington		MARYLAND	2. USUAL RE		Where decease	d lived If institution b. COUNT	2.1	5 4	ngton
ь. С	end give nearest for Hager	* *	PURAL	c. LENGTH OF STAY IN 16	c. CITY O		f outside corpo	prote limits, write	RURAL and	give neo	rest fown)
1 b	DOA -	TAL OR INSTITUTION (Washington	County	Pitol. give street oddress) Hospital	d STREET		**************************************				e. IS RESIDENCE ON A FARMA
DEC	CEASED pe or print)	He	rry	Middle W	Wes	ver	4. DATE OF DEATH	Moni		Doy	Yeor 19 59
	lale	White	WIDOWED		Nov . 7:	1889		AGE (In years lost b ribdoy) 69 yrs.	Months D		F UNDER 24 HR
10a. U duri	ISUAL OCCUPATING most of work	ing_life, even it refired)		ain Elevator (or foreign con	ma.		EN OF V	WHAT COUNTRY
13. FA	ATHER'S NAME	Martin L We	aver	The state of the s	14 MOTHER'S	MAIDEN I		Michigan V. von	- L .		
Yes, no	AS DECEASED E	VER IN U. S. ARMED FO	rmewada k	SOC AL SECURITY NO. 17, M 4-03-7329 MI		ie We	eaver-	Meugans		Mary	yland
		ATH [Enter only one counTH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Art	erioscleortic.			art dis	ease	in the second	INTERVAL DISCI A	K BETWEEN AND DEATH
C	Conditions, if tove rise to immediate to immediate the conditions of the conditions	diote cause		Acute coronary	throm	00818					
- 4	ause lost.	HER SIGNIFICANT CON		NTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED?
□ PR	Og. EXTERNAL CARIMARY OF CO	MAIKIBO HAG 🖂		HOW INJURY OCCURRED (E	oter noture of in	njury in Par	t for Part II a	1 item 18)		YES	мо 🖸
ad have	Hour o.m.	Mana	While	NJURY OCCURRED 20e. PLAC	E OF INJURY (ry, street, office none	Home, form	n, 20f (City o	or town)	(Count	ly)	(Stote)
2	1. I certify t	hat I took charge	of the r	emains described abo	re, held an	Autops	y , Ins	pection X,	Inquiry		ond in my
0	pinion death	12 -		auses 🕅 , Accident [], Suicid	e 🔲, 🗆	Homicide	, Undete	rmined m	onner	
A SI	CTUAL IGNATURE A	8. Toles	TU	rello	- W D		KAMINER []			D	ATE SIGNED
E)	XAMINER'S IAME (Type)	S. R	obert	Wells, M.D.			AL EXAMINER EXAMINER 🔼			2-20	6-59
	EMOVAL (Specify		if I	22c. NAME OF CEMETERY OR		-		ON (City, town,			(Stote)
23 FU	B T181	2-28-59 R'S SIGNATURE		Reiff Cemete	ry	240 REC"	D BY REGISTRA	rfoss, l	larylar		
	A. E. M		Gr	eencastle, Pa		DATEMA			Thung & fo		



1	Work, Co. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
, · •	Countersigned D.M. E CERTIFICATE OF DEATH
84 1	Reg. Dist, No.
director led with	1. PLACE OF DEATH O. COUNTY WAS A INFTM (amla MARYLAND) 1. PLACE OF DEATH O. COUNTY WAS A INFTM (amla MARYLAND) MARYLAND 1. PLACE OF DEATH O. COUNTY B. COUNTY D. COUNTY
: _ 4=	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
unero Id be	RURAL and give nearest lown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE
2 0 /	OKINSTITUTION Wishing to Mo. No. 1. NEAR MIDELETTING Med YES NO.
a in bill and l	3. NAME OF DECEASED - First Middle last 4. DATE Month Day Year
Poges	(Type or print) how is historical Winterly JV. DEATH 2 21 195°
. Po	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED DIVORCED 9. AGE (In yeors lift under 1 YEAR IF UNDER 24 HIS LONG WIDOWED) WIDOWED DIVORCED Min
person in	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or foreign country)
n pa leath	during most of working life, even if retired) MARY (NN)
or bo	13. FATHER'S NAME
sicio	Thomas Latingette Wintield, Dr. Cutherine Hist
t gen g	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown] If yes, give wer or dotes of service) Thomas he is fig. 1.
in in its	7.00 17
eld of the state o	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Actual Marchael Surveyor ONSET AND DEATH
Ther	DUE TO
d by nit.	Conditions, if any, which) (b) frente hermunhogie (158458
2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E	gave rise to immediate Couse (a), stoting the under DUE TO
insit and	lying couse tast. (c) the archemic fruids of Synthesis
s be	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
ng p ng p nang	YES NO CONTRIBUTIONS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 8 at Part 18 of item 18.)
ficat ficat or	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
r a granting a grantin	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. jt. Not white Not white of work of twork of work of
this this removed the second s	Hour o. m. 19 While Not while of work of work to twork to twork to two two two two two two two two two
ol, o	21. I certify that I attended the deceased from 2/21, 1959, to 2/2/, 1959, that I last saw the decea
R: A	alive on
to de r	ACTUAL SIGNATURE ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ADDRESS (Street, city or town, state)
i o pid	
RAL DA should b	PHYSICIAN'S Kichighed A. Young I to young, Ad.
5 X 111 CO	220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stote)
To FUN Page The ra	23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 120. BEGINTERE 24. DEGISTERE SIGNATURE
VS A15 (4)	23. BUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE Contain of trans
15M 9/55	DAIR



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OF

VS A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2415

CERTIFICATE OF DEATH

02424 Reg. Dist. No.

												and the same of th
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Hagerstown DOA				- 1)	o. STATE	Md.	nere deceased	fived. If institut b. COUNTY				ion)
				IN 1b	c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest lown) Hagerstown							
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Wash. Co. Hospital				/d. STREET ADDRESS 541 Frederick St.,					e. IS RESIDENCE ON A FARM? YES NOAT			
3. NAME OF DECEASED (Type or print)	ri Tru	man	Middle L		Wolf	i†	4. DATE OF DEATH	Mo 2		Do 28		Year 19 59
s. sex male	6. COLOR OR RACE white	7. MAR WIDOW	RIED NEVER MARRIE	_	DATE OF BIRT			9. AGE (In years lost birthday) 71 yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Carpe	ting life, even it retired	}	KIND OF BUSINESS O			onsbor	ro, Md		12. CIT	US US		COUNTRY
- 11	ank Wolf					Laura	Martz					
15. WAS DECEASED EVE {Yes, no. or unknown)	R IN U. S. ARMED FOR	ervice	SOCIAL SECURITY NO 14-09-6168		Laur	a Wolf	f Ha	gerstown	dress , Md.			
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which) mmediate (A.	oronary T theromato	hrom		/ascu	lar D	lsease	0	ON:	yes	DEATH
ICATI	AS UNDERLYING CAUSE OF DEATH		CONTRIBUTING TO DEA NONE . CRIBE HOW INJURY OF						VEN IN PAR	T 1(a) 1	PERFO	AUTOPSY RMED? NO T
ad	MEDICAL EXAMINER) Y Manth, Day, Yes	While		20e. PLACI	E OF INJURY (Home, form, bldg., etc.	20f. (City	or town)	((County)		(State)
	at I attended the eb. 28,	Tel	ond that	death a	ccurred at	Nort	PM, fram ADDRESS (SIT h Pot	8. 195 the causes of the causes of the causes of the causes of the causes of the cause of the ca	ond on the	he dat	te state	d above
220. BURIAL, CREMATIO REMOVAL (Specify) DULLAL	3-3-59)F	22c. NAME OF CEME Boonsbo		REMATORY			sboro, M			(State	:)
23. FUNERAL DIRECTOR		erst	ADDRESS own, Md.			240. REC'E	BY REGISTR		STRAR'S SIG			

- In this out I val - Tries.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2416

CERTIFICATE OF DEATH

02425

should be filed with HOSPITAL 2— ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hau as be retained by the haspital or attending physician.

FUNERAL DI ACTOR: After this certificate has been signed by the attending physician and completely (filled in logge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs

ofter death. Page 4

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90 TT 0			Reg. Di	st. No.
1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (W a. STATE MARYLAND	here deceased lived. If institutions Resider b. COUNTY WASHING'TO	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) HAGERSTOWN	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION		J. STREET ADDRESS NORTH MA		IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO NO NO NO N
3. NAME OF First	Middle			
(Type or print) SUSAN	J.	YOUNKINS	4. DATE Month OF DEATH FEBRUARY 25	Doy Yeor 1959 19
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		TYEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOW		OCTOBER 18	1886 72 yrs.	Doys Haurs Min.
100. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)				TIZEN OF WHAT COUNTRY
NONE 13. FATHER'S NAME	NOUSE WORK	14. MOTHER'S MAIDEN		I.S.A.
EMORY YOUNKINS			AY	
	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
(If yes, give war or dates of service)				
NO 12		MRS MERTAM	KELLEY BOONSBORO	
18. CAUSE OF DEATH [Enter only one couse per I	ine far (a), (b), and (c).]	heart fo	ai luma	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Congesti	ve heart fa	alluie	Week.
422,1 DUE TO				
Conditions, if ony, which)	rteriosclerot	in C V d	isease	5 Yrs.
gave rise to immediate (- CSIATOSCI ENGI	ite Ca va Q	10000	
trian course lost				
(6)	CONTRIBUTING TO DEATH BUT	NOT BELLIED TO THE TENH	The Difference Companion Cares in the	T V-1 10 WAS AUTORSY
Pneumonitis of th	ne right lung		noma of the colo	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. Mour a.m. 19 While at wo	e Not while fa	ACE OF INJURY (Hame, farm clary, street, affice bldg., etc	n, 20f. (City or town) (County) (State)
21. I certify that I attended the decea	sed from July 19	957 ₁₉ to F	eb. 25, 1959 that t	last saw the decease
alive an Dec. 24, 1959		accurred at 10 - P	M, fram the causes and an t	
7,11 F	> //	r decorred deglarana.	ADDRESS [Street, city or town, state]	DATE SIGNE
ACTUAL SIGNATURE	hedo,	M.D. Sharp		2/27/59
PHYSICIAN'S Walter H. S	Shealy M. D.			
220. BURIAL, CREMATION, PEMOYAL (Specify) FEB 28 1950	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or county) BOONSBORO MD.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ATORESS		D BY REGISTRAR 246. REGISTRAR'S SI	GNATURE
John M. Dank	- Broustre	A MO DANGAR	. 100	Travel

ATTABO TO BYADRITHED BEATH The state of CONTRACTOR OF THE PARTY OF THE The second secon and the second s The second secon